



CREDIT CARD SIGNATURE AUTHORIZATION FORM

Company Name: _____

Cardholder's Name: _____

Card Billing Address: _____

Phone #: _____ Fax #: _____

Shipping Address: _____

Card Number: _____ CVV# _____ Exp. Date: ____ / ____

Circle One: **Visa** **Master card** **American Express** **Discover**

- **CVV#(Card Verification Code) For American Express, the code is a four digit number that appears on the front of the card above the account number. For Visa, MasterCard & Discover the code is a three digit number that appears at the end of the account number on the back of the card.**

I, _____ (*Print Cardholder's Name*) authorize Abigails to charge the above credit card for my purchases and guarantee the payments of these purchases.

Signature of cardholder: _____ **Date:** _____

This credit card can be used: (Initial Choices)

One Time _____ Permanently On File _____

Please fax, mail, or e-mail form to: Abigails
3219 Industrial Street
Alexandria, LA 71301
FAX 318-443-5400
customerservice@abigails.net