



## Credit Card Authorization form

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.

**All information will remain confidential**

Cardholder name: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Credit Card Type: ☐ Visa ☐ Mastercard ☐ Discover ☐ AmEx

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Identification Number: \_\_\_\_\_ (last 3 digits located on the back of the credit card)

Amount to Charge: \$ \_\_\_\_\_ (USD)

I authorize **American Iconic** to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Front copy of card

Copy of ID

Return the completed and signed form to the following: 18018 Ventura Blvd  
Encino, CA 91316

 (818) 849-1191  
 info@Americaniconla.com  
[www.Americaniconla.com](http://www.Americaniconla.com)