

# RECURRING

## Credit Card Authorization Form

Please complete all fields. You may change this authorization card at any time by contacting us.  
This authorization will remain in effect for the duration of your membership at \$65 per month.

Please circle membership type:

**6 month membership**

**12 month membership**

**Full Name:**

**Email address:**

**Phone Number:**

Credit Card Information				
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____			
Cardholder Name (as shown on card):				
Card Number:				
Expiration Date (mm/yy):		CVV:		
Cardholder ZIP Code (from credit card billing address):				

I, \_\_\_\_\_, authorize Bosscat Kitchen & Libations to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date