



One American Road
Cleveland, Ohio 44144
Tel: 866-495-2228
Fax: 866-493-5152

CREDIT CARD AUTHORIZATION FORM

To have orders placed with Mosaica Studios billed directly to a credit card, please complete the authorization form below and fax to the number at the bottom of the page.

Please note that we do not keep credit card information on file unless authorized to do so. Choosing to keep this information on file authorizes Mosaica Studios to bill all future invoices directly to your credit card. Please indicate preference:

- Please keep this information on file for future orders
- Please DO NOT save this information on file

If you do not wish to pay via credit card, please indicate method of payment: _____
All checks must be made payable to Mosaica Studios LLC and mailed to:

Mosaica Studios
One American Road
Cleveland, Ohio 44144

Thank you! We appreciate your business.

| | | | |
|---|--------------|---------------------------|----------------|
| Client Name: _____ | | Name of Card Owner: _____ | |
| Address of Card Owner: _____ | | | |
| City: _____ | State: _____ | Zip Code: _____ | Country: _____ |
| Please indicate: <input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> American Express | | | |
| Credit Card #: _____ | | | |
| Expiration Date: _____ | | Security Code: _____ | |
| Phone Number: _____ | | Fax Number: _____ | |
| Client Signature: _____ | | | Date: _____ |

PLEASE FAX COMPLETED FORM TO: 866-493-5152