AMBIENCE
ISABEL
MITCHELL

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One Time Credit Card Payment Authorization Form

Complete, sign and either fax or mail this form to authorize Ambience, Inc. to make a one-time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize Ambience, Inc. to charge my credit card
   (full name)

account indicated below for _____ on or after _____. This payment is for
                              (amount)   (date)

_____.
   (description of goods/services)

Billing Address _____   Phone# _____

City, State, Zip _____   Email _____

Account Type: ☐ Visa   ☐ MasterCard   ☐ AMEX   ☐ Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____   DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Furthermore, I understand that Ambience, Inc. does not accept returns without prior written approval and cancellations will not be accepted after the order is placed into production. For custom orders, no cancellation will be accepted after receipt of the initial deposit.