



ANNA BELLE GROUP LIMITED

# TROPICAL HOLIDAY SHOP

## CREDIT CARD CHARGE AUTHORIZATION

I authorize Anna Belle Group Ltd DBA www.TropicalHolidayShop.com to charge my credit card for the services they have provided on my behalf as referenced below:

Please complete all fields

### Credit Card Information

Credit Card Type:  Visa  Master Card

Cardholder Name: \_\_\_\_\_

Credit Card Number: 

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Expiration Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Access Code: \_\_\_\_\_  
(Last 3 digits on the back of the Credit Card)

### Card Holder's Address

Street Name: \_\_\_\_\_ House / Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### Purchase Details

Customer Invoice #: \_\_\_\_\_

Amount to be charged in US \$ \_\_\_\_\_

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

Card holder's signature: \_\_\_\_\_

WE NEED A COPY OF THE CREDIT CARD AND IDENTIFICATION TO PROCESS THE PAYMENT

FAX #: + 1 (758) 4580196 TEL #: +1 (758) 4508417