



SEASONAL LIVING

Card Payment Authorization Form for one year

Sign and complete this form to authorize **Seasonal Living Trading Co.** to keep the credit card listed below on file for this and future purchases within one year of today's date.

By signing I certify that I am an authorized user of this credit card and give permission to charge my account. I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Please complete the information below:

I _____ authorize Seasonal Living Trading Co. 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 Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC) _____

SIGNATURE _____ DATE _____

I understand that by purchasing merchandise from Seasonal Living I am agreeing to be bound by the Sales Terms and Conditions of Seasonal Living, which can be found under the "Policies" link at www.seasonalliving.com. I agree that if I provide incorrect shipping information that is used to calculate freight cost, Seasonal Living may use this credit card to collect additional charges incurred for delivery of merchandise.

Please email this form to seasonallivingshipment@yahoo.com or fax to 512.330.0841