

CREDIT CARD AUTHORIZATION FORM – ORDERS



*Antigua Account #: _____

This will serve as approval for The Antigua Group, Inc. to use my *Visa, MC, AMX, or Discover (**circle one**) Card for Order # (s) _____.

*Card Holders Name

Antigua Account Name

*Credit Card number _____

*Credit Card expiration date: _____

Card Holders Billing Address and Phone # for the Card:

*Address: _____

*City: _____ *State: _____ *Zip: _____ - _____

*Office Phone # _____ *Cell Phone # _____

Email address for receipt if requested _____

Fax #: _____

* _____

***Card Holders Signature**

YOUR ORDER WILL NOT BE PROCESSED WITHOUT A SIGNATURE

_____ I authorize Antigua to use this card for all orders on account

_____ I authorize Antigua to use the card for this order only
(I understand I will be asked to fill out a new form for each order
if this area is checked.)

Please Fax to Credit Services to 623-523-6008

Note: * denotes required area