## CREDIT CARD PAYMENT AUTHORIZATION FORM – NEW YORK A LIMIT OF US \$50,000 PER SALE WILL APPLY

This form will only be processed if completed in full including signature.

		es to charge my credit/debit card account specified
below to the sum of	of \$ for Hidd	len Treasures Antiques Invoice Number
Cardholder Name:		
Cardholder Billing	Address:	
E-Mail Address: _	-Mail Address:Daytime Contact Telephone #:	
***Please initial by provided credit ca	<u> </u>	o authorize any of the following charges to the
		es is obligated to collect tax on property which is any of the New York state
your property clier	nt initials within 5 calenda	inistration Fees- Please note that failure to collect ar days of the auction date from our location, may s plus any applicable sales taxes
CARD HOLDER	'S SIGNATURE	
DATE:		
ALL MAJOR CI	REDIT CARDS ACCEP	TED
Card Type	Card Issuer	Debit or Credit card
Card No.(max16 d	igits): /////	
Expiration Date (n	nm/yy) : ///	_/
CVV/CVC no.(rev	rerse of card): //	/ <b>or</b> CID no.(front of card) ///
To contact Hidden	Treasures Antiques by pl	none, please call +1 516 877-0500.

The fax number to send completed forms to is +1516877-0505