CREDIT CARD AUTHORIZATION

Glass Slipper
WEDDINGS & EVENTS

Payment will be charged prior to your flowers being shipped.
Thank you! We appreciate your business!

Please Check One: ☐ DEBIT ☐ CREDIT

Credit Card to Be Billed: ☐ MASTERCARD ☐ VISA ☐ AMEX

Credit Card Account Number:_____

Name on Card:_____

Expiration Date:_____/_____ CCV/Security Code:_____

Billing Address:_____

City:_____ State:_____ Zip Code:_____

Charge Amount Authorized:_____

I authorize Glass Slipper Weddings & Events to charge payment for the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Date:_____

Signature:_____

Printed Name:_____

Please fax completed forms to (704) 821-5466
Or return by email to Courtney@GlassSlipperEventsCharlotte.com

Phone (704) 661-6637 | 422 Seaboard Drive, Matthews, NC 28104 | Fax (704) 821-5466