



## Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.  
All information will remain confidential

Cardholder name: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Credit Card Type:      \_\_\_ Visa      \_\_\_ Mastercard      \_\_\_ Discover      \_\_\_ Amex

Credit Card Number: \_\_\_\_\_

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

Card identification Number \_\_\_\_\_

(This number is 3 digits and is the non embossed number printed on the signature panel on the back of your card (or the front for amex). This number is recorded as an additional security precaution)

Cardholder's signature: \_\_\_\_\_

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

**Fax** Attn: Wonder Workshop Inc. at 650-240-2244

**Mail** to: Wonder Workshop, Inc.  
1500 Fashion Island Blvd #200  
San Mateo, CA 94404