



## Credit Card Authorization Form

**Merchant Name:** Steakation Butcher's Ltd

**Merchant Address:** Wickham's Cay II, Road Town Tortola BVI

**Merchant Phone Number:** (284) 394-1130

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### Customer Information

- **Name:** \_\_\_\_\_
  - **Billing Address:** \_\_\_\_\_
  - **City:** \_\_\_\_\_
  - **State:** \_\_\_\_\_
  - **ZIP Code:** \_\_\_\_\_
  - **Phone Number:** \_\_\_\_\_
  - **Email Address:** \_\_\_\_\_
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### Credit Card Information

- **Cardholder Name:** \_\_\_\_\_
  - **Card Type:**
    - Visa
    - MasterCard
    - American Express
    - Discover
  - **Card Number:** \_\_\_\_\_
  - **Expiration Date (MM/YY):** \_\_\_\_\_
  - **CVV (3 or 4-digit code):** \_\_\_\_\_
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## Payment Information

- **Amount to be Charged:** \$ \_\_\_\_\_
  - **Description of Charges:** \_\_\_\_\_
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## Authorization

I, \_\_\_\_\_ (cardholder's name), authorize  
\_\_\_\_\_ (merchant's name) to charge my credit card for the amount listed  
above for the services/products described. I understand that this authorization will remain in  
effect until the transaction is completed or until I provide written notice to cancel it.

**Cardholder's Signature:** \_\_\_\_\_

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

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## Contact Information for Inquiries

If you have any questions regarding this charge, please contact us at:

- **Phone Number:** 1 (284) 394 1130
  - **Email Address:** info@bvibutcher.com
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## Security Notice

Please ensure this form is sent securely to avoid unauthorized access to your credit card  
information.

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## Instructions for Use

1. Print this form and fill it out completely.
2. Sign where indicated.
3. Send the completed form to the merchant using a secure method.