



SPIRITS CABINETS, GLIC CAPITAL
7906 KINGS POINTE PARKWAY SUITE 109
ORLANDO, FL, 32819, USA
CUSTOMERSERVICE@SPIRITSFURNITURE.COM

CREDIT CARD AUTHORIZATION FORM

I, hereby authorize Spirits Furniture and Hospitality LLC , Glic Capita LLC

To charge my credit card the amount of US\$. for the product and services
in the amount listed on (EST# / SO# / INV#). related to PO#

VISA

☐

MASTER

☐

CARD

☐

AMERICAN

☐

CARD HOLDER NAME:

CREDIT CARD #:

EXPIRATION DATE:

SECURITY CODE:

CARD HOLDER SIGNATURE:

DATE SIGNED:

BILLING-MAILING ADDRESS OF THE CARD:

PHONE NUMBER:

COMPANY NAME:

Special Instruction:

P.S. Please send a photo of credit card front and back also Photo ID from Credit card holder.