



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

CREDIT CARD AUTHORIZATION FORM

I, [REDACTED] hereby authorize Spirits Furniture and Hospitality LLC , Glic Capita LLC

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

VISA

MASTER

CARD

AMERICAN

CARD HOLDER NAME: [REDACTED]

CREDIT CARD #: [REDACTED]

EXPIRATION DATE: [REDACTED]

SECURITY CODE: [REDACTED]

CARD HOLDER SIGNATURE: [REDACTED]

DATE SIGNED: [REDACTED]

BILLING-MAILING ADDRESS OF THE CARD: [REDACTED]

PHONE NUMBER: [REDACTED]

COMPANY NAME: [REDACTED]

Special Instruction: [REDACTED]