



Credit Card Authorization Form

Name on the Card: _____

Type of Card: Visa _____ MC _____ AmEx _____ Discover _____

Account Number: _____

Expiration Date: _____

Security Code: _____

Billing Address: _____

City, State, Zip: _____

Phone Number: _____

Ubatuba Invoice Number _____

Ubatuba Invoice Total \$ _____

Amount to be Charged \$ _____

By signing this form, you authorize Ubatuba Acai to charge your card for the amount listed above.

Signed: _____

Date: _____