



Credit Card Authorization Form

Event Name: _____

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 Acai Invoice Total \$ _____

Amount to be Charged \$ _____

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

Signed: _____

Date: _____