



GRACEWAY

SUPERMARKETS

SERVICE, VALUE AND TRUST

## CREDIT CARD AUTHORIZATION FORM

Surname : \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cellular#: \_\_\_\_\_

Fax#: \_\_\_\_\_ Email Address: \_\_\_\_\_

This is to authorize Graceway IGA/Gourmet Stores to charge my credit card for the products ordered.

Encircle method of payment: AMERICAN EXPRESS- VISA- MASTERCARD -DISCOVER

Credit Card Number: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

AMOUNT TO BE CHARGED( ONE TIME ONLY): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*Please fax or email this form with a photocopy of both sides of the credit card and Photo ID to the below.

Graceway IGA & Gourmet  
Providenciales, Turks and Caicos Islands, BWI

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Graceway Gourmet Tel#: (649) 333-5000 Fax#: (649) 333-5001  
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