

KODNER

Credit Card Authorization Form

DUE TO SIGNATURE REQUIREMENT, THIS FORM MUST BE RETURNED BY FAX TO THE NUMBER LISTED BELOW.

DATE

I, _____, authorize this sale/purchase from Kodner Galleries to be charged to my credit card account.

NAME

BILLING ADDRESS

ZIP

PHONE

VISA MASTERCARD AMEX

CC#

EXP. DATE

SECURITY CODE
(3 digits Visa/MC – 4 digit Amex)

THIS FORM **MUST** BE FILLED OUT COMPLETELY BEFORE YOUR BID CAN BE PROCESSED. FOR YOUR PROTECTION PLEASE PROVIDE A COPY OF YOUR DRIVER'S LICENSE AND CREDIT CARD FOR VERIFICATION OF SIGNATURE. **BY SIGNING, YOU ARE AUTHORIZING KODNER GALLERIES TO CHARGE THIS CARD IF PURCHASES ARE NOT PAID WITHIN 10 BUSINESS DAYS FROM DATE OF SALE.**

ALL KODNER SALES ARE GOVERNED BY OUR TERMS AND CONDITIONS. PLEASE FULLY READ AND REVIEW THE TERMS AND CONDITIONS PRIOR TO PLACING ANY BIDS. WHEN REGISTERING TO BID OR SUBMITTING A BIDDER REGISTRATION FOR YOU ARE AGREEING TO OUR TERMS AND CONDITIONS. IF YOU DO NOT UNDERSTAND OR AGREE TO THESE TERMS DO NOT REGISTER TO BID. ITEMS TO BE PICKED UP BY THE BUYER OR AGENT FOR THE BUYER MUST BE PICKED UP WITHIN 10 DAYS CALENDER FOLLOWING THE AUCTION. PICK-UP AT THE GALLERY M-F 10AM TO 4:30PM (EST). ITEMS NOT PICKED UP WITHING 10 DAYS WILL BE PLACED IN STORAGE AT AFEE OF \$10.00 PER ITEM PER DAY.

Signature _____