



Passionately Committed, Jeweler Driven, Expect More

Credit Card Authorization Form

Please complete all fields.
You may cancel this authorization at anytime by contacting us.
This authorization will remain in effect until canceled.

Credit Card Information
Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX ☐ Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Credit Card Billing Address: _____

I, _____, authorize Overnight Mountings to charge my credit card above for agreed-upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date

For questions or cancellations, please contact us at:

Overnight Mountings, Inc.

1400 Plaza Avenue, New Hyde Park, NY 11040

Telephone: 888-731-1111

Email: sales@overnightmountings.com