



Café Restaurant Bingo
Palm Beach 6-D
Noord, Aruba
(+297) 5862818
www.bingoaruba.com

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize **Café Restaurant Bingo NV** to make an one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ (full name) authorize Café Restaurant Bingo NV to
charge my credit card account indicated below for the amount of US\$ _____
on or after _____ (date mm/dd/yy)

This payment is for a Gift Certificate To _____
From _____
Message _____

BILLING INFORMATION

Billing Address _____
City, State, Zip _____
Phone _____ Email _____

CREDIT CARD INFORMATION

Cardholder Name (as shown on card) _____
Card Number _____
Expiration Date (mm/yy) _____
CVV Code _____
Card Type ☐ Visa ☐ MasterCard ☐ Discover
signature _____
date _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.