



SPIRITS CABINETS, GLIC CAPITAL  
7906 KINGS POINTE PARKWAY SUITE 109  
ORLANDO, FL, 32819, USA  
CUSTOMERSERVICE@SPIRITSFURNITURE.COM

## CREDIT CARD AUTHORIZATION FORM

I,  hereby authorize Spirits Furniture and Hospitality LLC , Glic Capita LLC

To charge my credit card the amount of US\$.  for the product and services  
in the amount listed on (EST# / SO# / INV#).  related to PO#

VISA

☐

MASTER

☐

CARD

☐

AMERICAN

☐

CARD HOLDER NAME:

CREDIT CARD #:

EXPIRATION DATE:

SECURITY CODE:

CARD HOLDER SIGNATURE:

DATE SIGNED:

BILLING-MAILING ADDRESS OF THE CARD:

PHONE NUMBER:

COMPANY NAME:

Special Instruction:

P.S. Please send a photo of credit card front and back also Photo ID from Credit card holder.