



CREDIT CARD AUTHORIZATION FORM

I, _____ authorize My Grandpa's Hudson, LLC,
to charge the credit card listed below in the Amount of \$_____ for service scheduled
on _____ (date).

Name as it appears on card: _____

Card # _____ Expiration date _____

CVV# (on back of card) _____ Signature: _____

Card billing address _____

City _____ State _____ Zip _____

Area code / phone _____ Cell phone _____

Cardholder's Email: _____

My Grandpa's Hudson, LLC
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