

RAF
Credit Card Authorization Form

Please **print, sign, and email** the completed form along with a copy of your **Driver's License** or **Passport** to sales@rafjewels.com.
Kindly allow 2 to 3 business days for clearance by the bank's merchant services team.

Customer Information

Full Name: _____

Street Address 1: _____

Street Address 2: _____

City, State, Zipcode: _____

Country: _____

Credit Card Information

Card Type: MasterCard VISA Discover AMEX

Other _____

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____

CVV (3-Digit Code): _____

Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize **Beacab Gems Inc. dba RAF** to charge my credit card above for the amount of **USD** _____. This amount is for agreed upon purchases. I understand that my information will be saved on file for verification and security reasons related to this transaction and can request to remove the details at any time thereafter.

Customer Signature

Date

Beacab Gems Inc. dba RAF
2 West 46th Street Ste 903
New York, New York 10036
United States of America