



CREDIT CARD AUTHORIZATION FORM

Please complete all fields in block letters. You may cancel this authorization at any time by contacting our boutique at customerservice@philippa.boutique or (+1 868) 628 6584. This authorization will remain in effect until cancelled.

PHILIPPA
BANK: REPUBLIC BANK LIMITED

Credit Card Information:																			
Care Type:	<input type="checkbox"/>			<input type="checkbox"/>															
Cardholder Name (as shown on card):																			
Government Identification:	<input type="checkbox"/> Passport			<input type="checkbox"/> ID Card			<input type="checkbox"/> Driver's Permit												
	ID Number:																		
Card Number:				-				-											
Expiration Date (mm/yy):		/																	

I, _____, authorize **PHILIPPA TALMA t/a PHILIPPA** to charge my credit card given above for agreed upon purchases. Unless otherwise specified, we will keep this card on file for future payment.

Customer Signature

Date

Payment Conditions:

- Transactions with us will appear on your credit card statement as:
PHILIPPA MARAVAL TT
- Sales are in TT dollars, if your credit/debit card is not denominated in the currency of your purchase, the final price will be charged in the currency of your card with an exchange rate calculated by your card issuer.

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