

I \_\_\_\_\_ Authorize Corner of Love to charge my credit card  
(NAME) (COMPANY)  
For services rendered. Not to exceed the amount shown.

REFERENCE or BIDDER NUMBER

\_\_\_\_\_

AMOUNT \$ \_\_\_\_\_ USD.

ATTACH ITEMS HERE

CREDIT CARD TYPE \_\_\_\_\_

**WE DO NOT ACCEPT AMERICAN EXPRESS**

CREDIT CARD # \_\_\_\_\_

**CARD CV#** \_\_\_\_\_

ISSUED DATE \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

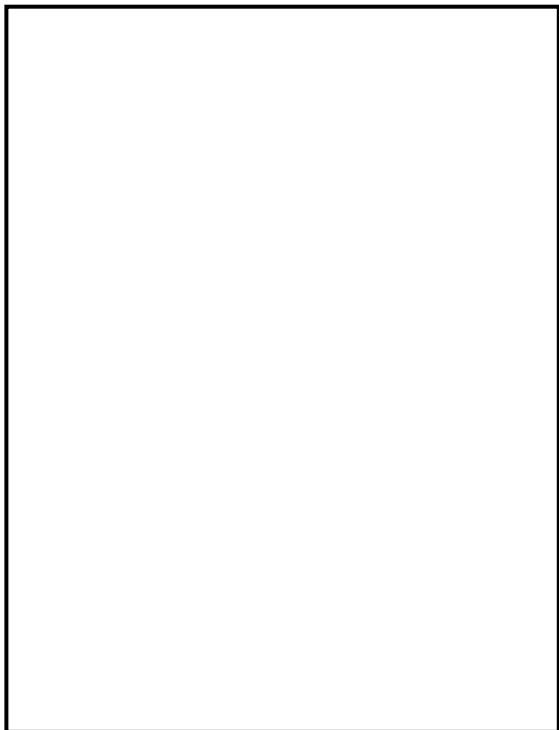
BILLING ADDRESS \_\_\_\_\_

BILLING ZIP CODE \_\_\_\_\_

NAME ON CARD \_\_\_\_\_  
(As it appears on card)

MOBILE PHONE # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_



\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Please complete this form and email to:

[info@corneroflove.org](mailto:info@corneroflove.org)

OR mail/drop off:

Corner of Love  
22142 SE 237<sup>th</sup> St  
Suite #100  
Maple Valley, WA 98038

DO NOT WRITE BELOW. COMPANY USE ONLY.

NOTES:

