Hopstix
Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us.

Credit Card Information
Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX ☐ Other _____
Cardholder Name (as shown on card): _____
Card Number: _____ CVV _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____

I,_____, authorize Hopstix to charge my credit card above for the agreed upon gift card purchase.

Customer Signature_____Date_____