FOR	OFFICE	USE	ONLY

## HELIOS Auctions

## CREDIT CARD PAYMENT AUTHORIZATION FORM

This form will only be processed if completed in full including signature.

I hereby authorize Helios Auctions sum of US\$		<del>-</del>
Cardholder Last Name:	First Name:	
Cardholder Billing Address:		
City:	State/Country:	Postal Code:
Email:		
Phone:	Fax:	
Credit Card Number:		
Expiration Date (mm/yy)		
Card Security Code (reverse/front	of card)	
Credit Card Type (circle one):	_ Visa _ MasterCard	_ American Express
Cardholder's Signature		Date

Payments may be made in person at Helios Auctions or you may mail, fax or email the form to:

## HELIOS Auctions

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