



MELIE BIANCO ACCESSORIES, INC. CREDIT CARD PAYMENT AUTHORIZATION

CREDIT CARD CHARGE AUTHORIZATION

(All Information Must Be Provided)

COMPANY NAME: _____ TEL: _____ FAX: _____

CORPORATE CARD: _____ PERSONAL CARD: _____

CREDIT CARD: Master Card _____ Visa _____ American Express _____ Discover _____

ACCOUNT NUMBER: _____

If you are using American Express please provide the four security numbers above the credit card number.
Security Code: _____

If you are using a Visa, Master Card or Discover please provide the last three numbers on the back of your credit card.
Security Code: _____

EXPIRATION DATE: _____

CARDHOLDER'S NAME: _____

CARDHOLDER'S BILLING ADDRESS: _____

CITY: _____ ZIP: _____ STATE: _____

COUNTRY: _____

By signing this authorization form, you authorize Melie Bianco Accessories, Inc. to charge your account, and accept Melie Bianco's terms and conditions of sale. Please note that by signing this form you also authorize Melie Bianco Accessories, Inc. to keep your credit card on file so that it will be charged for your future invoices. Please note that the credit card number provided in this form will be used towards your on-line order, tradeshow orders, phone orders, email orders or any other subsequent order placed with Melie Bianco Accessories, Inc. If you have placed on-line orders, the credit provided on-line will not be used towards charging you invoice, instead, this credit card authorization will be used towards the final balance of the invoice.

CARDHOLDER'S SIGNATURE: _____ DATE: _____

SHIPPING ADDRESS:

Is your shipping address different from the credit card billing? Yes _____ NO _____

If YES, please provide the following shipping information:

Address: _____ Attention: _____

City: _____ Zip Code: _____

State: _____ Country: _____

Please return your completed form to: Accounts Receivable, Fax: (562) 908-9833