



**CREDIT CARD AUTHORIZATION BY FAX**

Via Facsimile (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Dear Customer:

In order to process your payment using your credit card, we request that the following information be faxed to us at (310) 470-9616. This information is to verify your credit card information and will be shredded after verification. Thank you for your co-operation.

**CREDIT CARD TYPE (CIRCLE ONE PLEASE):**    AMEX / MASTERCARD / VISA /DISCOVER

**CARD NUMBER:** \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_

**CREDIT CARD CO. 800 PHONE #** \_\_\_\_\_  
(See back of card)

**CARD HOLDER NAME:** \_\_\_\_\_  
(As it appears on card)

**CARD HOLDER'S ADDRESS** \_\_\_\_\_  
(Where statements are mailed) \_\_\_\_\_  
\_\_\_\_\_

- PLEASE PROVIDE A PHOTOCOPY OF:**
- 1) DRIVER'S LICENSE
  - 2) FRONT & BACK OF CREDIT CARD

**I AUTHORIZE "MAIL AND MORE IN CALIFORNIA" TO CHARGE MY CREDIT CARD FOR SERVICE(S) RENDERED AND/OR PRODUCT(S) PURCHASED.**

**Amount (if applicable):**                    \$ \_\_\_\_\_

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**CARDHOLDER'S SIGNATURE**