



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, PASSPORT, OR STATE ISSUED ID CARD
 - 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