

## Credit Card Authorization Form

*(Please print this page, complete the information and fax it to the number listed to the right. Your order will not be processed until we receive this information.)*



2937 S. Alameda Street  
Los Angeles, Ca 90058  
Tel: 213.749.3333  
Fax: 323.234.3005

Company Name: \_\_\_\_\_

### Cardholder Information

Name (as stated on card): \_\_\_\_\_

Billing Address: \_\_\_\_\_

Tel: \_\_\_\_\_

\_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_

Credit Card Type:

- American Express  
 Visa  
 MasterCard

Credit Card #: \_\_\_\_\_

CVV #: \_\_\_\_\_

*(The CVV is the 3 digit number located on the back of your card)*

Expiration Date: \_\_\_\_\_

*(i.e. 01/2012)*

*NOTE: In the case of AMEX the CVV is the 4 digit number on the front of your card.*

### Please initial all that applies

\_\_\_\_\_ I hereby authorize **M .Rena** to process my order PO# \_\_\_\_\_ and/or INV# \_\_\_\_\_ with the above credit card for the amount of no more than \_\_\_\_\_ (please write original order amount) plus Shipping & Handling fees.\*

\_\_\_\_\_ M. Rena does not need to call for approvals.

\_\_\_\_\_ I agree that I will not initiate any dispute on this charge in the future, for the reason of "No Cardholder Authorization".

\_\_\_\_\_ I will provide with copy of proof of identity and ownership of credit card upon request.

\_\_\_\_\_ I will allow my credit card information to be kept on file for future orders. No phone calls required.

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

*\*Rates may vary depending on the carrier of choice.*