

Elvia's Boutique

1502 Main Street, Redwood City, California 94061 • www.elviasboutique.com

Telephone: 650 367-0143 • Fax: 650 367-0143

***** CREDIT CARD AUTHORIZATION FORM *****

(Please fill out the form below and fax it to the number listed above. Your order will not be processed until we receive this information)

I authorize Elvia's Boutique to charge the following credit card. In signing this form I agree not to dispute the charge(s) in the future, for the reason of "No Cardholder Authorization". I will provide a copy of proof of identity and ownership of credit card upon request.

Name as it appears on the credit card

Credit Card Type (Please circle one)

| | | | |
|------|----------|-------------|------|
| AMEX | DISCOVER | MASTER CARD | VISA |
|------|----------|-------------|------|

Credit Card Number

Credit Card Expiration Date

CIN # (3 digits on back)

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Cardholder's Billing Address

Cardholder's Shipping Address

| | |
|-----------|-----------|
| Address: | Address: |
| City: | City: |
| State: | State: |
| Zip Code: | Zip Code: |

Should we keep your Credit Card information on file (Please Circle One)

| | |
|---|---------------------------------------|
| <i>Use Credit Card For Current Order Only</i> | <i>Keep On File For Future Orders</i> |
|---|---------------------------------------|

Cardholder Signature:

Date:

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Company Name & Address:

Telephone Number with area code:

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | |