



1418 E 18th Street Los Angeles, CA 90021
P: 323-262-8001 F:323-262-8002
info@sheandsky.com
www.sheandsky.com

CREDIT CARD AUTHORIZATION FORM

****CONFIDENTIAL****

ALL FORMS THAT ARE NOT COMPLETELY FILLED OUT WILL NOT BE ACCEPTED.

COMPANY NAME: _____

CARDHOLDER'S NAME: _____
(FIRST AND LAST)

CELL PHONE# _____

EMAIL ADDRESS _____

BILLING ADDRESS (WHERE STATEMENTS ARE MAILED):

SHIPPING ADDRESS:

STREET #, STREET NAME

STREET #, STREET NAME

CITY, STATE, ZIPCODE

CITY, STATE, ZIPCODE

CARD NUMBER: _____

EXP DATE: _____

CVC CODE: _____

I wish to authorize the purchase of merchandise from **She + Sky** using this Credit Card Authorization Form. I agree that I will pay for this purchase and indemnify and hold **She + Sky** harmless against any liability pursuant to this authorization. I also agree that I will not initiate any disputes on this charge in the future. I understand that my signature on this form will serve as authorized signature on the credit card receipt.

I understand this form serves as an authorization to ship all orders from **She + Sky** unless otherwise specified.

CARD HOLDER'S SIGNATURE: _____

PRINT NAME: _____

DATE: (mm/dd/yyyy) _____