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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

CARD NUMBER: _____

EXP DATE: _____ CVC CODE (3 DIGITS ON BACK FOR VISA & MC): _____

BILLING ADDRESS (WHERE STATEMENTS ARE MAILED):

SHIPPING ADDRESS:

STREET #, STREET NAME

STREET #, STREET NAME

CITY, STATE, ZIPCODE

CITY, STATE, ZIPCODE

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 for the reason of "No Cardholder Authorization."

I understand that my signature on this form will serve as authorized signature on the credit card charge slip.

Can we ship as ready without calling? (choosing YES will expedite your shipments) YES NO

CARD HOLDER'S SIGNATURE: _____

PRINT NAME: _____

DATE: (mm/dd/yyyy) _____

Please complete the below form if your SHIPPING ADDRESS differs from the BILLING ADDRESS of your credit card. (If your billing & shipping is the same, please skip this area).

I, _____, agree that merchandise from She + Sky be shipped to the above shipping address, which may be different from the company address listed on my credit card form and/or credit card billing address. I agree that I will not initiate any disputes on this charge in the future for the reason of "shipping address does not match billing address."

PLEASE NOTE: YOUR ORDER WILL BE WITHHELD FROM SHIPPING UNTIL YOUR FORM HAS BEEN RECEIVED. THANK YOU.