

VANILLA BAY

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www.ShopVanillaBay.com

Credit Card Authorization Form

Please print this page, complete the information and fax us or email us. Your order will not be processed until we receive this information.

Company Name: _____

CARDHOLDER INFORMATION

Card Type: VISA MASTER DISCOVER AMEX

Name on Card: _____

Credit Card Number : _____

Expiration Date (mm/yy) : _____

CVV code : _____

Billing Address : _____

PLEASE CHECK ALL BOXES

- I hereby authorize **Vanilla Bay** to process my orders with the credit card for the order amount and Shipping & Handling fees.
- 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.

Signature

Date