



Simply Voluptuous™ Lingerie

CREDIT CARD AUTHORIZATION FORM

DATE: _____

NAME

PHONE NUMBER

COMPANY NAME

FAX NUMBER

SHIPPING ADDRESS

CITY, STATE

ZIP

\$ _____
AMOUNT OF CHARGE

VISA / MASTERCARD / AMEX / DISCOVER
CIRCLE TYPE OF CREDIT CARD

CREDIT CARD NUMBER

EXP. DATE

CVV CODE

CARDHOLDER BILLING ADDRESS

CITY, STATE

ZIP

X _____
CARDHOLDER'S NAME – PLEASE PRINT

X _____
CARDHOLDER'S SIGNATURE