



Credit Card Authorization Form

CUSTOMER INFORMATION

Date: _____ Invoice #: _____ Customer ID#: _____

Customer Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

CREDIT CARD DETAILS

Name on Credit Card: _____

Credit Card #: _____ Exp Date: _____ CV Code: _____

Card Type: VISA MasterCard AMEX Billing Zip Code: _____

PAYMENT TOTALS

Amount(s) to Pay: _____

Credit Card Fee 5% (VISA, MC, Discover, AMEX, & Others): _____

Total Amount Authorized in USD: _____

Customer's Signature: _____

PROFADE APPAREL MAILING ADDRESS:

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