

## CREDIT CARD AUTHORIZATION FORM

Contact Name: \_\_\_\_\_

Company/Store Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

I authorize Unodomani USA, Inc. to charge the following credit card for orders shipped by Unodomani USA, Inc. to the above company/store name. This authorization will serve as authorization for all orders placed by the above company/store name which indicate credit card payment as the form of payment on the Unodomani USA, Inc. order form. The shipping address will be indicated on the Unodomani USA, Inc. order form. The person authorized to make

purchases on the following credit card is: \_\_\_\_\_

Credit Cardholder Full Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Ex. Date: \_\_\_\_\_ circle one: **Visa** **Mastercard**

**All orders are subject to at 2.5% Insurance Surcharge Fee**  
**Please fax this form and a copy of the credit card and the cardholders driver license to Simply Charming, llc (208) 676-1703. Thank you**