

Credit Card Authorization Form

**SilverForte
640 S. Hill # 758
Los Angeles, Ca 90014
TEL 213-266-8882
FAX 213-266-8921**

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Credit Card Authorization

Date _____

Company Name _____

Name As It Appears on the Card _____

Cardholder's Billing Address _____
Address

City, State and ZIP CODE

Contact Phone Number For Cardholder _____

Visa/MC/Amex# _____ **Expiration Date** _____

CVV# (for VISA & M/C back of card _____ **CID# (for AMEX front of card)** _____

****I authorize SilverForte to charge my Visa/MC/Amex for all further purchases of merchandise shipped. I understand that this is your written authorization to charge these shipments to my charge cards indicated above. This agreement is valid until written notice of cancellation is received.**

Cardholder's Signature X _____

If cardholder's billing address is outside of the US, please also provide 1) a photocopy of the front and back of the credit card, 2) a photocopy of the cardholder's passport or identification card, AND 3) the information below for the card-issuing bank. Thank you!

Name of Bank: _____ **Telephone No.** _____

Address of Bank: _____

**To cancel the above Charge Card Authorization, please provide the information below.
This is my authorization to CANCEL the above agreement:**

Company Name: _____

Credit Card Holder: _____

Date Of Cancellation: _____