

Dear Customer,
Claudel Lingerie inc. accepts wire transfers, checks and credit cards to pay for your US account. In order for Claudel Lingerie inc. to accept your payment, we require you to fill in the following information and return this form to us by fax or by mail.

Fax : (514) 384-6786 **e-mail:** aclapierre@claudellingerie.com

Name: _____

Name of store: _____

Account #: _____

IRS#: _____

Shipping address: _____ **City, State:** _____

Postal code: _____

Phone: _____ **Fax:** _____

E-mail: _____

Billing address: Same as shipping address _____

_____ **City, State:** _____

Postal code: _____

Payment option: Credit Card Check Wire transfer

Payment terms: Upon arrival 30 days

CREDIT CARD PAYMENT OPTION

I hereby authorize Claudel Lingerie Inc. To charge my Visa or my Mastercard for payment of my account and continue until a written notice of termination is given.

Cardholder name: _____

VISA: **Mastercard:**

Cardholder number: _____

Expiration date: _____ / _____
month year

Signature: _____

Name / Last name: _____