



# CREDIT CARD AUTHORIZATION FORM



Company Name: \_\_\_\_\_

I \_\_\_\_\_ Authorize Paradise Lingerie Inc. to charge my credit card for the amount shown below.

REFERENCE \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_ USD.

CREDIT CARD TYPE \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_

CARD CV2 # \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

BILLING ZIP CODE \_\_\_\_\_

NAME ON CARD \_\_\_\_\_  
(As it appears on card)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**FAX TO:**  
Paradise Lingerie Inc.  
20830 Dearborn Street  
Chatsworth, CA 91311  
818-717-9717  
818-734-2781 (Fax)

DO NOT WRITE BELOW. COMPANY USE ONLY.

NOTES:  
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