

DREAMERS *by debut*

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CREDIT CARD AUTHORIZATION FORM

ALL INFORMATION WILL REMAIN CONFIDENTIAL

Company Details

Company Name: _____

Contact: _____

Shipping Address: _____

City, State, Zip: _____

Tel: _____ E-mail: _____

Credit Card Details

Cardholder Name: _____

Card Type: Visa Master Card American Express

Account Number: _____

Expiration Date: _____ CVV Code: _____

Billing zip: _____

Signature: _____ Date: _____

By signing this form, I authorize Dreamers by Debut to charge the credit card indicated in this authorization form. I agree to pay all charges including shipping and handling charges. The undersigned above confirms that he/she is authorized to approve and accept the responsibility of the terms and conditions herein.