

Quality ShadeZ

CREDIT CARD PAYMENT AUTHORIZATION FORM

Customer Name:

Customer ID:

ORDER #:

Thank you for your interest in our products and your desire to make purchases using your credit card. Please provide the following information to allow us to process your payment(s).

NAME ON CREDIT CARD:

CREDIT CARD NUMBER _____

EXPIRATION DATE ____ / ____

CCV (3 digit Code on back of Card) ____

CARD HOLDER ADDRESS (street):

(City, State, Zip)

AMOUNT OF PURCHASE: \$

I, _____ authorize my credit card company to make payment to QUALITY SHADEZ for the total amount indicated above. **I also agree to pay a 2.5% credit card processing fee.**

SIGNATURE OF CARD HOLDER:

SIGNATURE DATE

QUALITY SHADEZ

3350 E. 7th St #526 • Long Beach, CA 90804 • Tel (951) 415-5054 • Fax (562) 299-5526

www.QualityShadez.com