

CREDIT CARD AUTHORIZATION FORM

1585 Rio Vista Avenue, Los Angeles, CA 90023
TEL: 323-780-5710 | FAX: 323-780-5711 | EMAIL: info@mycelavi.com

CELAVI

NO.1 Beauty & Cosmetic, Inc.

The cardholder's signature is required for our accounting files to proceed with future orders. Please complete all requested information below legibly and return by fax to Celavi | NO.1 Beauty & Cosmetic, Inc.

****Fax Authorization to 323-780-5711, along with a copy of the front and back of credit card

Company Name/Trading Name or Title _____

Business Address _____

City _____ State _____ Zip Code _____

Phone # _____ E-mail _____

PRIMARY CARD

Credit Card Billing Address _____

City _____ State _____ Zip Code _____

Name/Company as noted on card _____

Type of Card: Visa MasterCard Discover Amex

Card Number _____

Exp _____ CVV _____

Daily Credit Card Limit (if applicable) _____

I verify the credit card used to purchase product from CELAVI | NO.1 Beauty & Cosmetic, Inc. belongs to me and I am the authorized signatory on this credit card account. I understand this authorization remains in force until canceled in writing by CELAVI or myself and or upon expiration date and that such cancellation will not become effective until after all orders placed prior to the cancellation have been charged. If expiration date should expire no merchandise will be shipped unless new expiration date is provided with new card copy. My true and correct signature is below, which is my authorization to use the above-noted card.

Cardholder Signature _____ Date _____

THANK YOU FOR YOUR INTEREST IN OUR PRODUCTS!