

Credit Card Authorization Form

*(Please **print this page**, complete the information and fax it to the number listed to the right. Your order will not be processed until we receive this information.)*

Ezra - Headquarter
1211 S. Long Beach Ave, #B-102
Los Angeles, CA 90021
Tel. (213) 593-9066
Fax. (213).593-9069

Company Name: _____

Cardholder Information

Name (as stated on card): _____

Billing Address: _____

Tel: _____

Fax: _____

Credit Card Type:

- American Express
- Visa
- MasterCard
- Discover Card

Credit Card #: _____

CVV #: _____

The CVV is the 3-digit number located on the back of your card. For AMEX, the CVV is the 4-digit number on the front of the card.

Expiration Date: _____

(i.e. 01/2012)

Please check all boxes

- I hereby authorize to process my order PO# _____ and/or INV# _____ with the above credit card for the amount of no more than _____ (please write original order amount) plus Shipping & Handling fees.*
- I agree that I will not initiate any dispute on this charge in the future, for the reason of "No Cardholder Authorization".
- I will provide with copy of proof of identity and ownership of credit card upon request.

Cardholder Signature: _____

Date: _____