

Chic Baby America, Inc.

Credit Card Payment Authorization Form

Instructions: To pay by **credit card**, please complete section below.

CREDIT CARD HOLDER INFORMATION

Please check **credit card** type: †

Visa † MasterCard †Discover†

Credit card number: _____ CVV/CVC Code: _____

Exp Date : _____/_____(mm/yy)

Exact name as it appears on the **credit card**: _____

Billing Street Address: _____ Billing Zip Code: _____

Amount: \$ _____

Primary phone number: _____ Secondary phone number: _____

Cardholder Signature: _____ Date: _____

I authorize Chic Baby America, Inc. to charge my credit card listed above. I am authorized signer on the above credit card.

Please send this **credit/debit card** payment **form** and supporting documents to:

Email: info@girdresswholesale.com

Fax: 213-742-0811

Chic Baby America, Inc.

510 East 12st Street

Los Angeles, CA 90015