

POWER OF WHOLESALE INC.

www.247Fashionstore.com

19949 Harrison Ave.

City of Industry, CA 91789

TEL: 909-839-0186

FAX: 909-839-0158

CREDIT CARD AUTHORIZATION

Sales Person: _____

Customer's Number: _____

I, _____ WITH _____
Cardholder's name company name

AUTHORIZED **POWER OF WHOLESALE INC.**, TO CHARGE MY CREDIT CARD

_____ EXPIRE ON _____ CVV2 _____
Credit card number

CREDIT CARD TYPE: VISA MASTER AMERICAN EXP.
 DISCOVER

WITH TOTAL AMOUNT OF \$ _____ FOR THE FOLLOWING PURCHASE:

1. PICKING LIST # _____
2. INVOICE # _____
3. ORDER # _____

CARDHOLDER'S NAME: _____

CARD BILLING ADDRESS: _____

CONTACT TELEPHONE NUMBER: _____

DRIVER LICENSE #: _____

ISSUING STATE: _____ EXPIRE ON: _____

BY SIGNING THIS AUTHORIZATION, I PERSONALLY GUARANTEE PAYMENT FOR ANY CHARGE BACK OR DISPUTE OF ABOVE CREDIT CARD.

CARDHOLDER'S SIGNATURE _____

DATE: _____

NOTE: PLEASE FAX COPY OF **FRONT & BACK OF CREDIT CARD** AND
COPY OF CARDHOLDER'S **VALID DRIVER LICENSE** OR
IDENTIFICATION.