

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.)

Piko Fashion Corporation
1172 Crocker Street
Los Angeles, CA 90021
Tel: 213.742.0218
Fax: 213.742.8836

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)

Note: In the case of AMEX the CVV is the 4 digit number on the front of the card.

Expiration Date: _____

(i.e. 01/2014)

Please check all boxes

- I hereby authorize Piko Fashion Corporation to use the above credit card information to process any transactions of my **appointed purchases** until my further notice.
- 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