

If you love to shop - you will love shopping with us!



## Credit Card Authorization Form

*Please fax this form to 817-288-0790 once completed.*

Name \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Country \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email \_\_\_\_\_

I \_\_\_\_\_ authorize PhiloShopia to make charges  
in the amount of \$ \_\_\_\_\_ to my AmEx \_\_\_\_\_  
MC \_\_\_\_\_ Visa \_\_\_\_\_ Disc \_\_\_\_\_.

Credit Card Number \_\_\_\_\_  
CVV Number (last 3 digits on back of card / 4 digits on front side of AmEx) \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Name as it appears on card \_\_\_\_\_  
Cardholder Signature \_\_\_\_\_

Product Description	Qty	Price
_____		
_____		
_____		
_____		