



CREDIT CARD AUTHORIZATION FORM

Credit Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Discover
Credit Card Number:	
Expiration Date (MM/YYYY):	Security Code: <input style="width: 100px;" type="text"/>
Invoice Reference:	TOTAL (amount to be charged): \$

BILL TO INFORMATION:

Cardholder's Name: <small>(as it appears on the card)</small>							
Company Name:							
Billing Address: <small>(For Credit/Debit Card)</small>							
City:		State:		Zip:		Country:	

SHIP TO INFORMATION (IF DIFFERENT FROM BILL TO):

Company Name:							
Contact Name							
Address:							
City:		State:		Zip:		Country:	

CUSTOMER INFORMATION:

Phone:		Fax:	
Email:			

The Issuer of the card identified on this form is authorized to pay the amount shown as "TOTAL" upon proper presentation. I promise to pay such "TOTAL" (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.

<i>Signature of Cardholder</i>	<i>Title</i>	<i>Printed Name of Cardholder</i>	<i>Date</i>

Please submit signed form, with a photo copy of front and back of the credit/debit card and a copy of driver's license or passport to: 1-800-985-4849 or e-mail to sales@eyzgear.com.