

Thank you for your recent attempt to purchase with us, however, due to Visa/Mastercard regulations, we are not allowed to ship to addresses other than the billing address you have provided to your bank. This is just to prevent fraudulent transactions to the cardholder, and us. Your purchase was approved, however it's in a "pending" status which means we can approve the transaction under two circumstances. Please review your options below so that we may better assist you.

Option #1

Attached you will find a credit card authorization form. Please print, fill it out and fax it to (702) 243-2000. You may also scan it and simply email it back to angel@angelbrinks.com. On the form, we ask that you have your credit card handy, and directly place the credit card authorization form on top of your card where it says "Place your card here". Grab a pencil and shade over the card, as this will grab the imprint of the numbers and name. This will allow us to show this is a valid purchase by you. Soon as we receive it back, we will approve the transaction, and ship your item(s) to the shipping address you provided.

Option #2

To avoid Option #1, if it is okay for us to ship to the billing address you provided with the order, simply check off your billing address for us to ship to. Shipping to your billing address is always a smooth transaction, and your order is processed right away.

Please Note:

If you leave the shipping address different than the billing and we do not hear back from you within 10 business days, we will assume this transaction to be VOID. We will then reverse the hold and the funds will be placed back into the account provided.

We truly apologize, as we completely understand this may be an inconvenience. Our customers appreciate this precaution as it protects the parties involved. If you have any questions, please feel free to contact customer service at (702) 255-LEGG (5344). We hope to hear from you. Thank you and have a great day.

Cardholder Name:

Visa

MasterCard

Credit Card Number:

Amount: _____

Expiration Date:

Billing Address:

(Address where monthly credit card statements are received)

Phone Number:

(Associated with credit card)

Brief description of the goods or services provided:

Being the cardholder or Corporate Officer, by signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize to charge my credit card, for the charges listed above. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card upon request, to be charged for the payment of any outstanding balances owed. I furthermore confirm that I will not charge back this amount.

Signature:

Printed Name:

Date:

Please Imprint Card

(Place your card under the paper and using a pencil shade in the area to imprint. Everything must be very clear. Photo copies are not acceptable.)

Please Imprint Card Here (Photocopy not acceptable)

QUAN.	CLASS	DESCRIPTION	PRICE	AMOUNT
<input checked="" type="checkbox"/> DATE				
CHECKED				
DATE	AUTHORIZATION		SUB TOTAL	
REFERENCE NO.	REG./DEPT.		TAX	
FOLIO/CHECK NO.	SERVER	CLERK	TIPS	MISC.
SALES SLIP			TOTAL	

MERCHANT COPY

PURCHASER SIGN HERE

X

Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.

MERCHANT COPY

(Place your card under the paper and using a pencil shade in the area to imprint. Everything must be very clear. Photo copies are not acceptable.)