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| |  |  | | --- | --- | | **Credit Card Authorization Form** *(Please****print this page****, complete the information and****fax it****or email to the  number listed to the right. Your order will not be processed until we  receive this information.)* | logo **www.tutufashionwholesale.com tutuwholesale@gmail.com**  **Fax: 213.744.1667** | |
| **Company Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Cardholder Information**  Name (as stated on card): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| |  |  |  |  | | --- | --- | --- | --- | | Billing Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Tel: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Fax: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | |
| |  |  | | --- | --- | | Credit Card Type:  Visa   MasterCard   Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(i.e. 01/2015)* | 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.* | |
| **Please check all boxes** |
| |  |  | | --- | --- | |  | I hereby authorize **Tu Tu Fashion** to process my order PO# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and/or INV# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with the above credit card for the amount of no more than \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please write original order amount) plus Shipping & Handling fees.\* | |  | 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 | |
| *\* Rates may vary depending on the carrier of choice.* |