

Credit Card Authorization Form

Phillips International Inc.,

717 NW Second Street Hallandale, Florida, USA 33009

Toll-Free: 1-800-432-3636 International: 954-456-5444 Fax : 954-456-5501

Website : www.cooljewels.com

Due to increased instance of credit card fraud, our bank is now requesting use of their AVS (Address Verification System).

Your completion of this authorization form helps us to protect you, our valued customer, from credit card fraud. All information entered on this form will be kept strictly confidential.

Please complete this form and either fax (954.456.5501), or you may email it back to us - accounting@cooljewels.com

Name on Credit Card _____

Company Name (if applicable) _____

Credit Card # _____ Expiration Date _____

* CVV _____ this is the 3 or 4 digits located on the back of your card for Visa/MC
or 4 digits on front of card for Amex

Credit Card Billing Address (this is the address which will be verified through AVS):

Street _____

City, State, Zip Code _____

Country _____

Phone _____

Is Credit Card Billing address same as the shipping address? Yes ___ No ___

By submitting the above information for AVS authorization, I confirm that I am a RE-SELLER of merchandise; that state sales tax is not applicable, and agree to this transaction. I hereby authorize Phillips International, Inc. to charge my credit card account for my order(s) and applicable shipping charges. If you are a business located in the state of Florida, please provide your current **Florida Annual Resale Certificate for Sales Tax** prior to first shipment. Thank you.

Sign here: _____ Print Name: _____

Date: ___/___/___