

CREDIT CARD AUTHORIZATION FORM

DATE: _____

DELIVERY DATE: _____

CUSTOMER NAME _____

BILLING ADDRESS: _____

MAILING ADDRESS: _____

PHONE: _____

E-MAIL: _____

FAX: _____

CARD HOLDER: _____

CARD: VISA MASTERCARD AMERICAN EXPRESS

CREDIT CARD #: _____

EXP. DATE: _____

CARD CODE: _____ (3-4 digit card on back of card)

CARDHOLDER'S SIGNATURE

This document gives Hushed Commotion LLC approval to charge the card holder's credit card for the above amount according to the card issuer agreement and store policies. A non-refundable 50% deposit is required on all sample orders and remaining balances will be charged at time of shipping.

All sales final. No refunds or exchanges.

hushed COMMOTION

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