



## CREDIT CARD AUTHORIZATION FORM

Scan and email to: [orders@myswimstuff.com](mailto:orders@myswimstuff.com); or fax to (408) 273-6879  
(all items must be completed including signature of authorized signatory)

Company Name: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_

Cardholder Billing City, State, Zip: \_\_\_\_\_

Type of Credit Card:     Visa             Master Card             Amex

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVS Code: \_\_\_\_\_

I, the cardholder, authorize Kimchuck Enterprises Inc. (d/b/a My Swim Stuff) to charge amounts that are the subject of Purchase Orders placed by me or any other representative of the aforementioned company against my credit card. I further agree that the above information is correct and any changes have been noted.

Cardholder's Signature: \_\_\_\_\_