



### Credit Card Payment Authorization Form

Sign and complete this form to authorize Innovative Eyewear, Inc., 11900 Biscayne Blvd., Ste 630, Miami, FL 33181-2734, to make a one-time debit to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. Please complete all fields.

**Please complete the information below:**

I \_\_\_\_\_ authorize Innovative Eyewear, Inc., 11900 Biscayne Blvd., Ste 630, Miami, FL 33181-2734 to charge my credit card account indicated below for the amount of \_\_\_\_\_ on or after \_\_\_\_\_

Payment Information:

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type: <input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Cardholder Name _____			
Account Number _____			
Expiration Date _____			
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____			

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.