

IRREGULAR EXPOSURE

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Credit Card Authorization Form

Please print this page, complete the information and send to the above email address.
Go paperless by requesting an electronic copy. We will send the authorization via dousign.

PO Number :

Cardholder Information

Card VISA MASTER AMERICAN EXPRESS DISCOVER

Name on Card:

Credit Card Number :

Expiration Date :

CVV (3 digit security code):

Billing Address :

Please check all boxes

- I hereby authorize **Irregular Exposure** to process my order PO# with the credit card for the amount of _____ (order amount and 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.

Signature

Date