Phone: 407-637-2490
Fax: 407-637-2641
leetscoralia@hotmail.com

CORALIA LEETS
JEWELRY DESIGN

Credit Card Authorization Form

I, _____, hereby authorize Coralia Leets Jewelry Design

to charge my credit card account in the amount not to exceed: $_____

❑ VISA ❑ MasterCard ❑ American Express ❑ Discover

Credit Card Number: _____

Expiration date: _____ / _____ VID Code: _____

Credit Card Billing Address

Street: _____

City: _____ State: _____

Zip Code: _____ - _____ Country (if not U.S.): _____

Telephone: ( ) _____ - _____

Requested Shipping Address

❑ Same as above, or

❑ Use the following shipping address

Street: _____

City: _____ State: _____

Zip Code: _____ - _____ Country (if not U.S.): _____

Telephone: ( ) _____ - _____

As the credit card holder, I authorize receipt of goods and services at the shipping address above.

_____ _____ / _____ / _____
Cardholder Signature Date

Optional Verbal Authorization

❑ As the credit card holder, I also authorize Coralia Leets Jewelry Design to charge my credit card for future purchases verbally authorized by me.

Authorization Valid Until: _____ / _____ / _____ Cardholder Initials: _____

Your completion of this authorization form helps us to protect you, our valued customer, from credit card fraud. Coralia Leets Jewelry Design will keep all information entered on this form strictly confidential.