

# CREDIT CARD AUTHORIZATION FORM

Our online store does not store credit card information and in order to issue a refund we must collect credit card information. Your completion of this form helps us to protect you from credit card fraud. We keep all information entered on this form strictly confidential***.***

Please complete the form and include photocopies of both front and back of your credit card. Fax the completed form and the copies to (123) 123-4567 to complete your refund request**.**

|  |  |  |  |
| --- | --- | --- | --- |
| Order Number / Invoice Number: |  | Order / Invoice Amount: US$ |  |
|  |
| Name on Credit Card: |  |
|  |
| Type of card (Please select one): |  Visa |  MasterCard |  American Express |  Discover |
|  |
| Credit Card Number: |  | Expiration Date (month/year): |  | / |  |
|  |
| Card Verification (CVV) Number / Security Code: |  | Located on the back of your card |
|  |
| Billing Information as it appears on your credit card statement: |
|  |
| Name: |  |  |
|  |
| Billing Address: |  |  |
|  |
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|  |
|  |  |  |
|  |
| E-mail: |  |  |
|  |
| Phone Number: |  |  |
|  |
|  |
| I hereby authorize COMPANY NAME to credit my above-mentioned credit card for the above-order/ invoice number for the items that I have purchased from COMPANY NAME. I have included signed copies of front and back of credit card. I understand that this information will be used for the purpose of verification and refund. By signing below and submitting this form, I acknowledge acceptance of the Terms and Conditions, accept and agree to all cancellation and/or re-stock penalties, and agree to all charges. |
|  |
| Signature: |  | Date: |  |

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