

# SOIEBLU / MARINEBLU

1100 S. San Pedro #D-6, Los Angeles, CA, 90015  
Tel : 213-741-0030 | Fax : 213-741-0830

## Credit Card Authorization Form

*(Please **print this page**, complete the information and **fax it** to the number listed to the left top. Your order will not be processed until we receive this information.)*

### Cardholder Information

Card  VISA  MASTER  AMERICAN EXPRESS  DISCOVER

Name on Card: \_\_\_\_\_

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

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

CID No. : \_\_\_\_\_

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

#### Please check all boxes

- I hereby authorize **SOIEBLU/ MARINEBLU** 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