

LDF SILK

1229 Slocum St. Dallas, TX 75207 972-699-3757 tel 972-699-3769 fax www.ldfsilk.com

CREDIT CARD AUTHORIZATION FORM

NAME ON INVOICE: _____

INVOICE NUMBER(S): _____

INVOICE TOTAL: \$ _____

NAME AS IT APPEARS ON CARD: _____

CARD#: _____

EXPIRATION DATE ____/____

COMPLETE BILLING ADDRESS _____

BILLING ZIP CODE _____

CVV2 _____

(3 digit code on back of card in signature space, or 4 digits on front panel of AMEX)

By signing below, I give permission for LDF Silk/L'Amour Des Fleur, Inc. to charge the above card for items/services as invoiced. If this is a deposit, I understand that the balance will be charged without further notice at time of delivery.

I agree that I am the card owner or an authorized agent of the card owner with signature permission acting on their behalf and with their knowledge and consent.

I understand that all sales are final, and deposits on custom orders are non-refundable once materials are ordered or production has begun.

SIGNATURE

DATE

Please return this form via email (tanya@ldfsilk.com) or fax (972-699-3769).