



CREDIT CARD AUTHORIZATION FORM

DATE: _____

CUSTOMER ID: _____

CUSTOMER NAME: _____

CARDHOLDER NAME: _____

CREDIT CARD NO: _____

EXPIRATION DATE: _____

SECURITY CODE: _____

BILLING ADDRESS: _____

AMOUNT: \$ _____

INVOICE NUMBER: _____ AMOUNT: \$ _____

INVOICE NUMBER: _____ AMOUNT: \$ _____

INVOICE NUMBER: _____ AMOUNT: \$ _____

COMMENTS:

I HEREBY AUTHORIZE LOVIN ENTERPRISES D.B.A. DREAMGIRL INTERNATIONAL TO CHARGE MY CREDIT CARD FOR THE AMOUNT LISTED ABOVE.

(PLEASE SIGN)

DATE: _____