



CREDIT CARD AUTHORIZATION FORM

NAME OF BUSINESS _____

ADDRESS _____

TELEPHONE NO: _____

FAX NO: _____

EMAIL: _____

CONTACT NAME: _____

MASTER CARD

VISA

CREDIT CARD # _____

EXPIRY DATE _____

I hereby authorized BL Intimates to carry out transactions on the above mentioned credit card to regulate the balance of my account. **This authorization is valid until contrary written notice is provided.**

SIGNATURE: _____

PRINT NAME: _____

DATE: _____