

Phone: (310) 492-5516 Fax: (310) 388-1482

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Credit Card Authorization Form

I,, herel	by authorize Ariana Commerce Corporation, to charge my
credit card account in the amount of: \$	
() VISA () MasterCard () American Express ()	Discover
Credit Card Number:	
Expiration Date: / VID Code:	
Credit Card Billing Address:	
Street:	
City:	State:
Zip Code: Country: (if not US) _	
Telephone: ()	
Requested Shipping Address:	
Street:	
City:	State:
Zip Code: Country: (if not US) _	
Telephone: ()	
As the credit card holder, I hereby authorize receipt of goods &	& services at the shipping address above.
Cardholder's Signature Date	/
As the credit card holder, I also authorize Ariana Commerce C verbally approved by me.	Corporation to charge my credit card for future purchases
Authorization Valid Until:/ Initials Here:	:

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. Ariana Commerce Corporation will keep all information entered on this form strictly confidential