



CREDIT CARD AUTHORIZATION FORM

IN ORDER FOR US TO ACCEPT YOUR CREDIT CARD PHONE ORDER, WE MUST HAVE THIS FORM COMPLETED IN FULL AND SUBMITTED TO THIS OFFICE FOR VERIFICATION.

CARDHOLDER'S NAME: _____

DATE OF BIRTH: _____ **COUNTRY IDENTIFICATION NUMBER** _____

ADDRESS AS IT APPEARS ON STATEMENT:(BILLING ADDRESS)

COMPANY: _____

STREET: _____

CITY: _____ **STATE** _____ **ZIP** _____

COUNTRY: _____

PHONE NUMBER: () _____

CARD NUMBER: _____ **EXPIRATION DATE** _____

BANK ID # AS IT APPEARS ON CARD: _____ **CARD TYPE:** AE ___ Visa ___ MC ___

CARDHOLDER'S SIGNATURE: _____

DATE _____

Note: Your signature authorizes Global Impressions to charge credit card.

CUSTOMER ACCOUNT INFORMATION

BUSINESS NAME _____

SHIP TO ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

COUNTRY _____

BUSINESS PHONE () _____

Please note that orders where authorization is declined will be held until you can be reached regarding new shipping terms.

THANK YOU FOR YOUR BUSINESS.