

MIRROR IMAGE HOME

CREDIT CARD AUTHORIZATION

*****All information must be provided and faxed to (323) 869-1788 for processing *****

CREDIT CARD INFORMATION		
Customer Name:		
Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover		
Credit Card Number		Expiration Date:
Name as it appears on Credit Card:		CVC2 Code:
Payment Amount (US Dollars):		
Signature:		Date:
CREDIT CARD BILLING ADDRESS		
Street Address:		
City:		
State:	Zip/Postal Code:	Country:
Phone Number:		Fax Number:
INVOICE/SALES ORDER INFO		
Invoice/Sales Order #:		
Invoice/Sales Order Amt:		

Signature: _____ Date: _____