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### CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT CLEARLY

By completing and submitting this document, you have agreed to honor your debit to Creative Creations, Inc. for products and/or services corresponding to the invoice amount list below.

COMPANY NAME: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_  
CARDHOLDER NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
COUNTRY: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

Select this box if shipping address is the same as billing

SHIPPING ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
COUNTRY: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

TYPE OF CREDIT CARD (PLEASE CIRCLE)    MASTERCARD    VISA    DISCOVER    AMEX

CREDIT CARD NUMBER: \_\_\_\_\_

CARD IDENTIFICATION NUMBER REQUIRED \_\_\_\_\_  
3-DIGIT, NON EMBOSSED NUMBERS PRINTED ON BACK SIGNATURE PANEL (Visa, MasterCard And Discover)

4-DIGIT, NON EMBOSSED NUMBERS PRINTED ON FRONT, ON TOP OF THE LAST NUMBERS OF THE CREDIT CARD (AMEX)

EXPIRATION DATE: \_\_\_\_\_

INVOICE AMOUNT \$ \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME AS APPEARS ON CARD \_\_\_\_\_

Note: for orders outside the United States, please send an email with your request to [sales@creativecreationsinc.com](mailto:sales@creativecreationsinc.com)