

## Credit Card Authorization Form

Company Name: \_\_\_\_\_

### Cardholder Information

Credit Card Type:    

Name on Card: \_\_\_\_\_  
As it appears on card

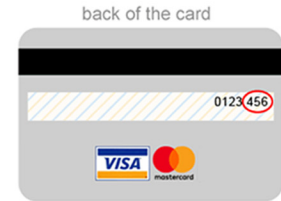
Billing Address: \_\_\_\_\_  
Street Address Unit #

City State Zip Code

Credit Card Number: \_\_\_\_\_  
Credit Card Number

Expiration Date: \_\_\_\_\_  
MM/YY

CVV: \_\_\_\_\_  
Check below to see how to find the CVV



### By signing this form:

- I hereby authorize MICHEL/MB DESIGN USA Inc. To charge the above credit card, fees such as order balances and shipping fees for orders.
- I agree that I will not initiate any dispute on this charge/these charges in the future, for the reason of "No Cardholder Authorization".
- I will provide proof of identity and credit card ownership upon request.

**X** \_\_\_\_\_  
Authorized Signature

**Date:** \_\_\_\_\_  
Date of Agreement

\_\_\_\_\_  
Name / Title (Please Print)

\_\_\_\_\_  
Company Name