



Your Company Name

Credit Card Authorization Request



Company Address

Card Billing Address

City, State, Zip

City, State, Zip

Your Telephone #

Your Fax #

In order for us to charge your card for telephone or web orders and to allow other employees or authorized persons to use your charge account, *you will need to complete this form, print it, sign it and send the original to:*

LV Sales, Inc., 1831 Hyperion Ave., Los Angeles, CA 90027-4745 (and/or fax it to: 1-323-661-1314 or for business/trade customers only fax 1-800-976-8044). Once on file with us , you do not have to complete another form until your expiration date changes or if you want to use a different card or add or remove authorized employees/other users at YOUR discretion.

I, (Print name as on card) _____ OWNER, CARD HOLDER AND AUTHORIZED USER OF THE BELOW LISTED CREDIT CARD, 1) AUTHORIZE LV SALES, INC. TO CHARGE THE CREDIT CARD ACCOUNT LISTED BELOW FOR ANY AND ALL PURCHASES MADE BY MYSELF AND THE BELOW LISTED EMPLOYEES OR OTHER USERS AUTHORIZED BY ME, 2) AGREE TO MAKE PAYMENT ACCORDING TO MY CARD TERMS AGREEMENT, AND 3) AGREE THAT THIS AUTHORIZATION IS GOOD FOR ALL ORDERS AND DUE INVOICES UNTIL REVOKED BY ME IN WRITING TO LV SALES. Additional persons authorized to purchase merchandise from LV Sales, Inc. and charge to this credit card on my behalf are (If none, write "NONE"): Print full names

CARD TYPE?	CARD ACCOUNT#	VCODE 3 or 4 digit verif code	EXPIRY DATE
Click down arrow to select:			mm / yy /

(If I choose to fax this sheet, I agree that my faxed signature constitutes, and is as good as, my original signature.)

Card Holder Signature: _____ Email: _____ @ _____ .

Date:

To erase this form and start over, click >
(Don't forget to also fax your Purchase Order or our [Order Form](#))



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