



Credit Card Authorization Form

(Please **print this page**, complete the information and **fax OR e-mail** the form to the number/email address listed on the bottom of this page.

Your order will not be processed until we receive this information.)

Company Name: _____

Cardholder Information

Name (as stated on card): _____

Billing Address: _____ Tel: _____

_____ Fax: _____

Credit Card Type: _____ **Credit Card #:** _____

American express

CVV #: _____

(The CVV is the 3 digit number located on the back of your card)

Visa

Note: In the case of AMEX the CVV is the 4 digit number on the front of the card

Master Card

Expiration Date: _____

(i.e. 01/2014)

Please check all boxes

I hereby authorize Vocal to process my order PO# _____ and/or INV# _____
_____ with the above credit card for the amount of no more than _____
(please write original order amount) plus Shipping & Handling fees.*

I agree that I will not initiate any dispute on this charge in the future, for the reason of "No Cardholder Authorization".

I will provide with copy of proof of identity and ownership of credit card upon request.

I agree to Vocal's return policy that; all claims for return must be made within 10 days of receipt of goods, any returns without an RA number will not be accepted, buyer will be responsible for all freight charges for returns. Return credits will be issued as a company credit that may be used for any future shipments.

Cardholder signature

Date

* Rates may vary depending on the carrier of choice.

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