



PERFUMES FABULOSOS

DEBIT CARD AUTHORIZATION FORM

Debit Card Information	
Company Name	
Person Authorizing	
Card Type	
Issuing Bank	
Card Number	
CVC Number	
Expiration Date	
Billing Address	
City	
State/Province	
Zip/Postal Code	
Country	
Phone Number	

ASEGURARSE DE TENER COTIZACION DE TRANSPORTE ANTES DE ENVIAR EL PAGO.

MAKE SURE TO HAVE A QUOTE FOR TRANSPORTATION BEFORE SENDING ANY PAYMENT.

I, _____, hereby authorize PERFUMES FABULOSOS, Inc. to charge the amount of _____ plus credit card fee of (3.5%) For a TOTAL of _____ from the aforementioned debit card for products/services rendered.

I understand that my signature on this form will serve as authorized signature on the credit card charge slip.

Signature

Date

*Please attach a copy of the credit card (front and back) and picture id of the card holder.