



## 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	

I, \_\_\_\_\_, hereby authorize PERFUMES FABULOSOS, Inc. to charge the amount 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.