

miilla . mür

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AUTHORIZATION FORM

I _____ (NAME), authorize MUR dba MONORENO to charge the amount of \$ _____ +shipping & handling fees to my credit card, on the date of ___/___/___ (month/date/year).

Customer Company Name: _____

Shipping

Address: _____

Phone# _____

Fax# _____

Credit Card Type: AMEX (), MasterCard (), Visa ()

Credit Card # _____

Expiration Date ___/___/___

Card Security Code# _____

Card Holder's Name _____

Billing *check if same as shipping*

Address from the Credit Card: _____

Print Name: _____

Signature: _____ Date Signed: ___/___/___

By signing this form, I confirm that I am the authorized holder of the credit card mentioned above, and I also agree that I will not initiate any dispute on this charge in the future.