

AMBIANCE APPAREL

930 Towne Ave. Los Angeles, CA 90021

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Credit Card Authorization Form

Contact/Billing Information: (as shown on Credit Card)

<u>Company/Compañía:</u>		<u>Contact Name/Nombre del titular:</u>			
<u>Billing Address / Dirección:</u>					
<u>City/Ciudad:</u>		<u>State/ Estado:</u>		<u>Zip Code/ Código Postal:</u>	
<u>Phone/ Telefono:</u>			<u>Fax:</u>		
<u>Email / Correo Electronico:</u>					
<u>Credit Card Type/ Tipo de Tarjeta de Credito:</u> () VISA () MASTER CARD () DISCOVER					
<u>Card Holder Name (as shown on credit card)/Nombre en la tarjeta de credito:</u>					
<u>Credit Card #/ Numero de Tarjeta de Credito:</u>					
<u>Expiration Date/ Fecha de Vencimiento:</u>		<u>Credit Card Security Code/Código de Seguridad:</u>			

Please check the appropriate box/Por favor indique:

() **UN USO / ONE TIME USE:**

I hereby authorize Ambiance Apparel (AMB) to charge the indicated credit card the amount indicated above. This is one-time charge authorization. I am not authorizing AMB to setup my account within a recurring billing system – rather, I prefer to pay, by check or money order on all future invoices, I understand that if I want AMB to charge any balances to my credit card in the future, I will need to submit another authorization form at that time or choose to the selection below.

() **CARGO PERIODICOS / RECURRING BILLING:**

I hereby authorize AMB to charge the indicated credit card on periodic basis for the amount due under my contract with AMB as indicated above. This recurring payment authorization/periodic charge shall remain in force until cancelled by me in writing.

AUTHORIZATION:

I hereby authorize AMB to charge the indicated credit card. I agree that this is either a one time or periodic charge that will be made as indicated above. To terminated the recurring billing process, if selected, I must cancel in writing, otherwise the account will be manually invoiced and payment made via check, money order or wire. I understand that all account cancellations must be made in writing. I will not dispute AMB's recurring billing with my credit card issuer so long as the amount in question was for services rendered prior to my cancelling my account in the manner required. I guaranteed and warrant that I am the legal cardholder for this credit card and that I am legally authorized to enter into this one time or recurring billing agreement with AMB.

Signature of Card holder (required))/ Firma : _____ Date: _____