

EUROSHINE USA INC.

13359 Chambord Street
BROOKSVILLE FL 34613
USA

Phone 352 596 4555 FAX 352 596 5299

Date:

Customer #:

CREDIT CARD AUTHORIZATION FORM

PLEASE FILL IN ALL REQUESTED INFORMATION BELOW.
ALSO ATTACH A COPY OF YOUR CREDIT CARD AND DRIVERS LICENCE.

CARDHOLDERS NAME: _____

COMPANY NAME: _____

CREDIT CARD BILLING ADDRESS: _____

MAILING / SHIP TO ADDRESS: _____

PHONE NUMBER: _____

DRIVER'S LICENSE NUMBER : _____ **STATE:** _____

CREDIT CARD: MASTERCARD ___ **VISA** ___ **AMERICAN EXPRESS** ___
DISCOVER ___

CREDIT CAR NUMBER: _____

EXP.DATE: _____ **CVV# :** _____

I HEREBY AUTHORIZE : EUROSHINE USA, INC., AT 13359 CHAMBORD STREET, BROOKSVILLE, FL, 34613, TO CHARGE MY CREDIT CARD ACCOUNT FOR MERCHANDISE ORDERED.

THE ABOVE AUTHORIZATION IS APPLICABLE TO ALL TRANSACTIONS

CARD HOLDER'S SIGNATURE

DATE