

Credit Card Authorization Form

ALLY ROSE TOPPERS

1710 N. MOORPARK ROAD #230

THOUSAND OAKS, CA 91360

818-292-8770 PH 818-301-7467 FAX

I, We, _____, authorize ALLY ROSE to charge my
credit card MC/VISA/AMX card# _____
exp date _____, COMPANY NAME _____,

For the date _____ order in the amount of \$ _____.

This authorization is only valid for

1. the aforementioned order in the amount stated only.. Initial here _____
- OR
2. the aforementioned order in the amount stated ,keep on file for future orders.
Initial here _____

YOUR ORDER WILL BE SHIPPED WITHIN 5 DAYS FROM THE TIME YOUR
CREDIT CARD IS CHARGED.

Signed _____
Name _____
Title _____
Date _____