



CREDIT CARD AUTHORIZATION FORM

Please print out this form, fill it out and fax it to us at (212) 957-7010. If you have any questions, please feel free to call us at 212-957-7000 or send email to: info@bratenders.com

I, _____, hereby authorize Bra*Tenders to
PRINT NAME

charge the credit card shown below in the amount of \$_____.

Credit Card Number

Expiry Date

Billing Zip

CVV Security Code

Credit Card Billing Address:

Requested Shipping Address:

NAME

NAME

COMPANY NAME (IF APPLICABLE)

COMPANY NAME (IF APPLICABLE)

CITY, STATE, ZIP

CITY, STATE, ZIP

COUNTRY

COUNTRY

Please check one of the following for the delivery address: Residential Commercial

Home phone number _____

Cell Phone Number _____

Work Phone Number _____

Email _____

PRINT CARDHOLDER NAME

CARDHOLDER SIGNATURE

DATE

DUE TO THE INTIMATE NATURE OF LINGERIE ALL SALES ARE FINAL