



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 charge

the credit card below in the amount of \$ _____

- a) _____ for this order only
- b) _____ for all future orders
- c) _____ from dates _____ to _____

Home Phone Number _____

Cell Phone Number _____

Work Phone Number _____

Email _____

Fax Number _____

Credit Card Number _____

Expiry Date _____

Billing Zip _____

CVV Security Code _____

PLEASE CHECK ONE – TYPE OF CARD: PERSONAL BUSINESS

Credit Card Billing Address:

Requested Shipping Address:

NAME OF PRODUCTION OR REGIONAL THEATRE (if applicable)

NAME OF PRODUCTION OR REGIONAL THEATRE (if applicable)

CITY, STATE, ZIP

CITY, STATE, ZIP

COUNTRY

COUNTRY

Shipping Information: FedEx and/or UPS Account Number(s) _____

Name, Title, Telephone and Email Address for additional individuals authorized to make purchases against this card:

1) _____

2) _____

3) _____

CARDHOLDER NAME

CARDHOLDER SIGNATURE

TODAY'S DATE