



Credit Card / Debit Card Authorization Form

(To be completed prior to any charges made to Credit/Debit cards)

Card Number: **** * Card Number: _____ Expiration Date: _____
(Month) (Year)

Name of Bank on Card: _____

Bank Phone Number (listed on back of Card): _____

Type of Credit Card: Master Card _____ Visa _____ Amex _____ Discover _____

Company Name: _____ Perfect 10 Customer Number: _____

I _____, hereby authorize **Perfect 10** to charge the above credit/debit card for my daily, weekly and/or monthly purchases, services and/or shipping costs made by me and/or my company. This authorization form is intended for use on a recurring basis. I request **Perfect 10** retain my credit/debit card information and authorization on file to accommodate volume purchasing. My purchases are conducted as *“card not present transactions”*, via telephone, website, and facsimile and/or via internet email. My authorization is given as though the physical credit/debit and valid identification were presented in person. This authority will remain in effect until **Perfect 10** is notified by me in writing to cancel this authorization in such time as to afford **Perfect 10** a reasonable opportunity to act the cancellation.

Authorized By

Title

Authorized Signature

Date

- ❖ To complete the credit card authorization process, a copy of the driver’s license of the authorized card holder must be sent to **Perfect 10**.

Credit Card Token: _____