



CREDIT CARD AUTHORIZATION FORM

Please complete the following information and fax it back to 703.920.2441
Attention: Accounting

Circle One:

VISA - MASTERCARD - AMEX*

Company Name: _____

Credit Card Number: _____

Expiration date: _____ **Security Code:** _____

Name of Card Holder: _____

Street Address of Card Holder: _____

City _____ **ZipCode** _____

Amount to be charged to card: \$ _____ plus freight & handling.

Invoice(s) Number or Purchase Order Number (s): _____

I, _____, authorize **GARNIER THIEBAUT INC.** to charge to my credit card as stated above.

Authorized Signature: _____
(Must be signed by card holder)

Please Print Name: _____ Date: _____

* (Subject to an extra 2% fee on total of the order)