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CREDIT CARD AUTHORIZATION

Company Information Company Name: Contact Person : ____ Phone Number : _____ Fax Number : _____ Email Address: **Cardholder Information** ☐ VISA ☐ MASTER ☐ AMERICAN EXPRESS ☐ DISCOVER Type of Card Name on Card: _____ Credit Card Number : _____ Expiration Date: _____ CVC Code : _____ Billing Address: PO Number _____ Amount to be charged _____ By signing this authorization form, I acknowledge and authorize LoveIn to process my order with the credit card for the order amount and shipping and handling charges.

Date

Signature