

# ROBERT JAMES

C O L L E C T I O N

## Credit Card Authorization Release

### CONTACT INFORMATION

COMPANY NAME:

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CARDHOLDER'S NAME:  
(Please print exactly as shown on card)

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TELEPHONE NUMBER:

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FAX NUMBER:

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### BILLING INFORMATION

**\*\*NO THIRD PARTY CREDIT CARD PLEASE\*\***

CREDIT CARD TYPE:

VISA     MASTERCARD     AMERICAN EXPRESS

BILLING ADDRESS & ZIP CODE:

CREDIT CARD NUMBER:

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EXPIRATION DATE:                      CVC:

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### INVOICE INFORMATION

SALES ORDER / INVOICE NUMBER:

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PO NUMBER:

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AUTHORIZE AMOUNT:

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A 3% FEE DOES APPLY TO ALL CREDIT CARD  
REFUNDS DUE TO CANCELLATION

EMAIL ADDRESS:  
(For receipt)

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CARDHOLDER SIGNATURE:

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THANK YOU,  
ACCOUNTING DEPARTMENT