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CREDIT CARD AUTHORIZATION

Company Information

Company Name : _____

Contact Person : _____

Phone Number : _____ Fax Number : _____

Email Address : _____

Cardholder Information

Type of Card VISA MASTER AMERICAN EXPRESS DISCOVER

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 MyStory to process my order with the credit card for the order amount and shipping and handling charges.

Signature

Date