

Zenana

Woman/Junior

1100 S. San Pedro St. # M3~M13, Los Angeles, CA, 90015

Tel : 323-232-7000 | Fax : 323-232-7001

Credit Card Authorization Form

*(Please **print this page**, complete the information and **fax it** to the number listed to the left top. Your order will not be processed until we receive this information.)*

PO Number :

Cardholder Information

Card VISA MASTER AMERICAN EXPRESS DISCOVER

Name on Card: _____

Credit Card Number : _____

Expiration Date : _____

CID No. : _____

Billing Address : _____

Please check all boxes

- I hereby authorize **Zenana** to process my order PO# _____ with the credit card for the amount of _____ (order amount and Shipping & Handling fees)
- I agree that I will not initiate any dispute on this charge in the future, for the reason of "No Cardholder Authorization".
- I will provide with copy of proof of identity and ownership of credit card upon request.

Signature

Date