

APPLICATION FOR CREDIT CARD TERMS

NAME: *(as it appears on the card)* _____

ADDRESS: *(where credit card statements are mailed to)*

Is ship to address the same as above? **Yes** **No**

If credit card billing address is different from the ship to address, customer must call credit card co. and advise that he wants to receive shipments at that address.

Telephone number: (____) _____ - _____ Ext. _____

- Listed in the above name at the above address
- Not listed. *(Reason: e.g. unpublished, not listed in his name etc.)* _____
- Listed in the above name at different address
Address where listed. _____

Credit card #: _____ - _____ - _____ - _____ **Expiration date:** ____ / ____ / ____

Bank that issued the card: _____



This is to confirm that I, _____
authorize Perfume WorldWide Inc. to charge invoices billed to

shipped to _____

to my credit card account #: _____ - _____ - _____ - _____ Exp. ____/____/____
and that I personally guarantee payment for the aforementioned invoices.

This also serves as a release form. Should I have any claims or problems with a shipment or order, I will first attempt to solve it with Perfume WorldWide's customer service dept. in good faith.

Signed: _____ Date: ____/____/____

Dear Valued Customer: Kindly complete and sign form and fax to 516-576-3751

In Addition, form with original signature must be **mailed** back to us for our records.

Please mail to: Perfume WorldWide
100 Commercial Street
Plainview, NY 11803
Attn: Credit Card Processing

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100 COMMERCIAL STREET • PLAINVIEW • NY • 11803

TEL: (516) 575-2499 • FAX: (516) 576-3751 • E-mail: sales@perfumeworldwide.com