



Credit Card Authorization Form

110 East 9th. St. #B1201
Los Angeles, CA 90079
T: 213. 627. 0339
F: 213. 627. 0369
www.lashowroom.com

Company Name: _____

Cardholder Information

Credit Card Type: ☐ American Express ☐ Master Card ☐ Visa

Name on card: _____
As it appears on card

Billing Address: _____
Street Address Unit #

City State Zip Code

Credit Card #: _____
Credit Card Number

Expiration Date: _____ CVV: _____
MM/YY Check below to see how to find the CVV number.

CVV on AMEX



CVV on Visa and Mastercard



By signing this form: (Please check all boxes)

- ☐ I hereby authorize LASHowroom.com, Inc. to charge the above credit card, fees such as Setup Fees, Monthly Fees, and other fees (Advertising fees, Promotional fees, late fees, Product Photography fees, etc.) for future services provided in the amount stated in the LASHowroom.com Service Agreement or as otherwise agreed upon.
- ☐ I agree that I will not initiate any dispute on this charge / these charges in the future, for the reason of "No Cardholder Authorization".
- ☐ I will provide proof of identity and credit card ownership upon request.
- ☐ I understand all invoices will be available on the LASHowroom.com Admin on the 1st business day of each month.

Please Mark One of the following:

- ☐ Please process monthly fees on the 1st business day of each month.
- ☐ I would like to arrange for an alternate payment method each month. Charges will be processed on the 10th business day unless alternate payment has been received by that time.

(If the requested payment date falls on a date which LASHowroom.com, Inc. is closed, payment will be processed on the previous available business day. Example: March 10th is a Saturday; payment will be processed on Friday March 9th).

X: _____
Authorized Signature

Date: _____
Date of Agreement

Authorized Signatory Name / Title (Please Print)

Company Name