

B L U E
B L U S H

WWW.BLUEBLUSHCLOTHING.COM

2021 East 49th Street, Los Angeles, CA 90058

ph. 323-923-2895

Email: web@blueblushclothing.com

Credit Card Authorization Form / Facsimile Transmittal

Please complete the information below:

of Payments: _____

Date: _____

Payment Amount: _____

I _____ authorize **BLUE BLUSH** to charge my account indicated
(full name)

below to discharge the above debt for _____, using installment
(description of goods/services)

payments in the amount and schedule indicated.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name : _____

Account Number : _____

Expiration Date : _____ CVV : _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment date(s) fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that this authorization will remain in effect until the debt is fully discharged or I cancel it in writing which ever comes first, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. I certify that I am an authorized user of this credit card and that I will not dispute the payments with my credit card company; so long as the transaction corresponds to the terms indicated in this form.