

# EMMA'S CLOSET

1100 S. San Pedro St. B6, Los Angeles, CA 90015  
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## Credit Card Authorization Form

Please **print this page**, complete the information and fax it to us 213-748-1917 or email us at [info@emmacloset.com](mailto:info@emmacloset.com).  
Your order will not be processed until we receive this information.

**Company Name:** \_\_\_\_\_

### CARDHOLDER INFORMATION

Card Type:  Visa  Master  Discover  Amex

Name on Card: \_\_\_\_\_

Credit Card number: \_\_\_\_\_

Expiration Date (mm/yy): \_\_\_\_\_

CVV code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Please Check All

I hereby authorize **Emma's Closet** to process my orders with the credit card for the 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 identity and ownership of credit card upon request.

Date \_\_\_\_\_ Signature \_\_\_\_\_