

If you love to shop - you will love shopping with us!



Credit Card Authorization Form

Please fax this form to 817-288-0790 once completed.

Order # _____ Date _____
Name (Company Name) _____
Address _____
City _____ State _____ Zip _____
Country _____
Phone Number _____
Email _____

I _____ authorize PhiloShopia to make charges
in the amount of \$ _____ to my AmEx _____
MC _____ Visa _____ Disc _____.

Credit Card Number _____
CVV Number (last 3 digits on back of card / 4 digits on front side of AmEx) _____
Expiration Date _____
Name as it appears on card _____
Cardholder Signature _____

Product Description	Qty	Price

