



## CREDIT CARD AUTHORIZATION FORM

*\*Must be faxed – this form is required with your application!*

This is to authorize Vumawear, LLC to charge my credit card for all future purchases.

Company Name \_\_\_\_\_

Print Name that appears on the Credit Card \_\_\_\_\_

Credit Card Type, Please Circle - Visa / Master Card / Amex / Discover

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

4-Digit Security # \_\_\_\_\_

Billing Address associated with Credit Card \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL AMOUNT TO CHARGED CREDIT CARD \$ \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Business Partner(s) or Authorize Agent(s) Signature

Today's Date \_\_\_\_\_

Please sign to confirm that you have reviewed this order and have the authority to place the order on behalf of the business listed above. **As a wholesaler you agree not to perform charge backs against Vumawear, LLC.**

X \_\_\_\_\_

*\*Should the above information change, a new Credit Card Authorization form must be submitted.*