

FANTASY DESIGNS (FDE&S INC.) CREDIT CARD AUTHORIZATION FORM

I _____ authorize FANTASY DESIGNS to charge my credit card.
(NAME)

COMPANY NAME: _____

NAME ON CARD: _____
(As it appears on card)

CREDIT CARD TYPE: Mastercard / Visa / Amex

CREDIT CARD #: _____

CARD CV2 #: _____ (security code)

EXPIRATION DATE: _____ (mm/yy)

BILLING ADDRESS: _____

BILLING ZIP CODE: _____

EMAIL ADDRESS: _____
(For receipt and confirmation for your records)

REFERENCE #: _____ (Invoice or ESTIAMTE #)

AMOUNT \$: _____ USD.

(Additional amount for ship charges IF ANY will be charged after order has shipped & invoiced.)

SIGNATURE

DATE

EMAIL, FAX OR MAIL TO:

FANTASY DESIGNS
23136 ARROYO VISTA
RANCHO SANTA MARGARITA CA 92688
SALES@FANTASYDESIGNS.NET
(949) 635-9591 OFFICE
(949) 635-9592 fax
NOTES FOR COMPANY USE ONLY:

