



Andrea's Design's Inc

Phone: (786) 200-7804

Fax: (305) 388- 8180

Credit Card Authorization

Date: _____

QTY: _____ Description, size: _____ Style: _____ Price _____

QTY: _____ Description, size: _____ Style: _____ Price _____

QTY: _____ Description, size: _____ Style: _____ Price _____

QTY: _____ Description, size: _____ Style: _____ Price _____

QTY: _____ Description, size: _____ Style: _____ Price _____

QTY: _____ Description, size: _____ Style: _____ Price _____

Total _____

Name on the Credit Card: _____

Telephone: () _____

Address: _____

City: _____ State: _____ Zip: _____

Shipping Address: (if different from the billing address) Same: (check) _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Charge to: Visa: _____ MasterCard: _____ Discover: _____
(check one)

Credit Card Issued by; _____

Card Number: _____

Expiration Date: _____ **3-digit security code** _____

(Month /Year)

(it's on the back of the card)

**By signing here, you authorize Andrea's Design INC. to debit \$ _____ from the
Credit card account listed above.**

Email address: (if you would like to receive pictures of the new items.)

Credit Card Holder's Signature; _____

Print Name: _____