



1505 SANTA ANITA, SOUTH EL MONTE, CA 91733

ORCHID APPAREL, LLC

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FAX: 626-279-5281

# CREDIT CARD AUTHORIZATION

**INSTRUCTIONS:** This form is to be completed by an authorized credit card holder for the card described below. By completing this form you agree to all of the conditions set forth.(please see conditions below)  
In order for us to process your order effeciently, please fill all blank spaces as required.  
Line items marked with an asterisk are mandatory. Thank you.

CREDIT CARD HOLDER INFO:		
*FIRST NAME:	*LAST NAME	
COMPANY NAME:		
*SHIPPING ADDRESS:	STATE	*ZIPCODE
CITY	COUNTRY	
PHONE NO.	FAX NO.	

CREDIT CARD				
*CREDIT CARD TYPE:	VISA	MASTER CARD	AMERICAN EXPRESS	
*CREDIT CARD NUMBER:	*EXPIRATION DATE		MONTH	YEAR
*CARD VERIFICATION NUMBER (CVV2)	VISA/MC: 3 DIGIT NUMBER PRINTED ON THE BACK OF YOUR CARD			
	AMEX: 4 DIGIT PRINTED FRONT OF YOUR CARD RIGHT SIDE ABOVE YOUR ACCOUNT NUMBER			
*BILLING ADDRESS	STATE/ PROVINCE	*ZIP CODE		
CITY	COUNTRY			

AUTHORIZATION
<p>CARDHOLDER UNDERSTANDS AND AUTHORIZE TOPPY-T TO CHARGE CREDIT CARD FOR FUTURE PURCHASES ASSIGN AND IF <b>TERMS</b> IS ESTABLISH <b>CREDIT CARD WILL BE CHARGE FOR INVOICES PAST DUE DATE OF 45 DAYS.</b></p> <p>RETURN MERCHANDISE PRIOR AUTHORIZATION IS REQUIRED. <b>NO RETURNS ON SPECIAL ORDER ITEMS AND SAMPLE PURCHASES.</b> SPECIAL ORDER ITEMS INCLUDES MERCHANDISE THAT HAS BEEN PRINTED EMBROIDERED, RELABELED AND ITEMS THAT HAVE BEEN EMBELLISHED WILL NOT BE ACCEPTED AS RETURN. ALL RETURN ARE SUBJECT TO 15% RESTOCKING CHARGE. <b>ANY CLAIMS MUST BE MADE WITHIN 10 DAYS UPON RECEIPT .</b> IF LEGAL ACTION IS REVIEWS FOR DISPUTING INVOICE, CUSTOMER IS RESPONSIBLE FOR COST OF ATTORNEY'S FEES ON ALL DISPUTED AMOUNTS.</p>

SIGNATURE	
CARD HOLDER SIGNATURE:	DATE:

IMPORTANT: PLEASE SUBMIT A COPY OF FRONT AND BACK OF CREDIT CARD