

MARBLE SKIN CO.

STONE PROTECTORS

Credit Card Authorization Form

email: hello@marbleskin.co

Company Information

Company Name:		
Company Address:		
City:	ST:	Zip:
Phone:	Cell:	Fax:
Email:		
Owner:	Type Of Business:	
Years In Business:		

Credit Card Information

Cardholder Name:		
Credit Card #:		
Expiration Date:	3-Digit CVC Security Code:	
<input type="checkbox"/> Billing address same as business	4-Digit CVC (Amex) Security Code:	
Credit Card Billing Statement Address:		
City:	ST:	Zip:

By completing, signing, and returning this Authorization, I agree to allow Marble Skin Co. to charge the card above for any sales and shipping charges. I understand that the card will be kept on file until it expires or until until it has been replaced.

Authorized Signature: _____ Date: _____

Print Name: _____

For internal use only by Marble Skin Co.

Date Received: _____ Entered By: _____ Customer Identifier: _____