



2439-B Rosemead Blvd.
SOUTH EL MONTE, CA 91733
TEL 626-444-1440, 626-575-1299
FAX 626-575-1299
sales@monamiashoes.com

To: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

From: \_\_\_\_\_

Sales Order # \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Dear Customer:

Thank you for your order. Your credit card information is confidential, and will be not sold to third parties. To protect you, as well as our company from fraudulent misuse of your credit card, we request that you complete and sign the following:

I authorize Mona Mia Collezione Inc. to charge my credit card for the following:

Amount\$ \_\_\_\_\_ Plus freight & handling charges\$ \_\_\_\_\_

Total Amount\$ \_\_\_\_\_

Acknowledged by: Credit Card Holder (s) Name: \_\_\_\_\_

Credit Card Holder's Signature: \_\_\_\_\_

Driver License #: \_\_\_\_\_ Exp : \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

Credit Card Type: ( ) Master Card ( ) Visa ( ) Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_ V. Code \_\_\_\_\_ (three number code behind credit card)

Your credit card will be placed on file as form of guarantee, for any purchases or charges. Order will not be processed until this form is completed and signed. 2% Visa/Master Card, Discover/American Express 3% service charge fee. Thank You.

Accounting Department Use Only

Customer ID: \_\_\_\_\_

Invoice Number: \_\_\_\_\_

Invoice Date : \_\_\_\_\_

Total Amount \$ \_\_\_\_\_

Authorization #: \_\_\_\_\_