

CREDIT CARD CHARGE AUTHORIZATION FORM

WE/I _____ (print name) AUTHORIZE SWORDSSWORDS TO CHARGE MY CARD FOR MY PURCHASE ORDER FROM THIS COMPANY.

MY CARD IS: VISA MASTERCARD DISCOVER AMERICAN EXPRESS
(circle one)

NAME ON CARD:

BILLING ADDRESS:

CITY: _____ STATE: _____ ZIP CODE:

COUNTRY:

PHONE #: _____ EMAIL:

CREDIT CARD NUMBER:

EXPIRATION DATE: ____ / _____ CVV CODE:

(cvv for Visa, Mastercard, Discover is 3 digits on the back of the card. American Express is 4 digits on front of card.)

SHIPPING ADDRESS (if different) :

CITY: _____ STATE: _____ ZIP CODE:

COUNTRY:

PHONE #:

MY DRIVER'S LICENSE NUMBER:

IF NECESSARY, I WILL FAX ID OR CREDIT CARD COPY, BECAUSE OF THE DIFFERENT SHIPPING ADDRESS WHERE APPLICABLE.

I UNDERSTAND THIS TRANSACTION IS FINAL AND I _____ HAVE TO GET SELLER'S PERMIT / RMA # TO EXCHANGE OR RETURN. I WILL NOT FILE CLAIMS / PRE-ARBITRATION / DISPUTE FOR ANY REASON. THIS CARD CAN BE CHARGED FOR RE-ORDER IN THE FUTURE.

TOTAL AMOUNT : \$ _____ + NECESSARY FREIGHT _____ IF ANY.

It is the responsibility of the purchaser to abide by all local and federal laws. By placing an order you certify that you, THE BUYER, is/are 18 years of age or older to accept this.

SIGNATURE OF THE CARD HOLDER:

DATE:

PLEASE FAX BACK # **678-501-5116** EMAIL: SALES@SWORDSSWORDS.COM ATTN: SALES