

Credit Card Authorization Form

Company Name: _____

Cardholder Information:Credit Card Type: VISA Master Card Discover Card American Express

Name (as stated on card): _____

Credit Card Number: _____

Expiration Date: ____ / ____ (i.e. 10/2012)

CCV #: ____ ____ ____ (____) The CCV is the 3 digit number located on the back of your card.
If it is AMEX the CCV is the 4 digit on the front of your card.**Billing Address**

City State Zip Code_____
Telephone: Fax:**Please CHECK ALL BOXES** I authorize **Lovey Dovey Plus, Inc. dba Symphony** to process my order PO# _____
and/or INV# _____ with the above credit card for the amount of no more than US\$ _____
(please write original order amount) **plus shipping and handling fees.** I agree that I will not initiate any dispute on this charge in the future, for the reason of "No
Cardholder Authorization." I will provide a copy of proof of identity and ownership of credit card upon requestX _____
Signature_____/_____/_____
Date