



**GIFTCO**

1237 S Victoria Ave, Suite 162  
Oxnard, CA 93035  
Tel: (805) 773-9200  
Fax: (805) 702-1117

**CREDIT CARD AUTHORIZATION - FAX THIS FORM TO (805) 702-1117**

I hereby authorize Giftco to use my credit card for purchases made from Giftco. I understand that my credit card will be charged before the goods will be released.

Credit Card # \_\_\_\_\_ Type (circle one) Visa MasterCard AMEX

Issuing Bank \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_  
MO YR

Full name as it appears on card \_\_\_\_\_

Address where your bill is mailed to \_\_\_\_\_

\_\_\_\_\_

Shipping address (if different than address above) \_\_\_\_\_

\_\_\_\_\_

Drop shipments will be made to the address shown above only. Additional drop ship addresses for this account must be listed on a separate sheet, signed by the authorized person shown above, dated, and attached to this Authorization.

Please include a photocopy of the front and back of the above-referenced credit card.  
(Photocopy on light setting to send legible fax)

The following persons, if any, are authorized to use this credit card on my behalf.

\_\_\_\_\_

I understand that I am obligated to notify Giftco if there are any changes in authorized users. I further understand and agree that my credit card account will be charged in the event former authorized users use the card, unless I notify Giftco, in writing, of changes in authorized users.

This Authorization will be valid only during the valid date of credit card and must be renewed at the expiration date.

Current non-cash transaction fee is 3% of invoice total.

Card Holder Signature \_\_\_\_\_

Company Name \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax# \_\_\_\_\_ Date \_\_\_\_\_

For Giftco Use  
Credit Card Verified by \_\_\_\_\_ Date \_\_\_\_\_