



WWW.KORIAMERICA.COM

Credit Card Authorization Form / Facsimile Transmittal

Company Name: _____

Contact: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Billing Address:

Name on Credit Card: _____

Street Address: _____

City: _____ State: _____ Zipcode: _____

Credit Card Type: **VISA** **AMEX** **MASTERCARD** **OTHER ()**

Card Number: _____

Exp: Date _____ CVV Number: _____

Shipping Address (If same as billing do not fill out):

Street Address: _____

City: _____ Zipcode: _____

Permission to keep CC on file (preferred for expediment of shipping) Yes No

May we charge and ship AS READY without a phone call? Yes No

(If no, we will automatically categorize you in "Call before shipping")

By signing this authorization form, I acknowledge and authorize KoriAmerica process and ship my order as stated on the signed Kori Purchase Order including shipping and handling charges.

Amount to be charged (excluding shipping & handling fees):

Signature: _____ **Date:** _____

We thank you so much for your all your business and support!

Contact Us

3115 S. Main St. Los Angeles, CA90007

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