

Roma Costume/ Bikini Corp.
AUTHORIZATION FOR CREDIT CARD USE

BUSINESS CONTACT INFORMATION

Title:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

CREDIT CARD BILLING INFORMATION

Card Number:

Expiration:

Security Code:

Name (as it appears on card):

Billing Address:

City:

State:

ZIP Code:

SHIPPING INFORMATION

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

AGREEMENT

1. All invoices are to be paid with this credit card for as long as account is open with Roma Costume/ Bikini Corp.
2. By submitting this application, you authorize Roma Costume/ Bikini Corp. to take any payments necessary to complete any and all items supplied to you or to your customers via drop ship.
3. **The card holder must submit a copy of the front and back of the credit card.**
4. **The card holder must submit a copy of drivers license and/or picture ID.**
5. **All net accounts must be paid by company check, or wire transfer. If credit card is used, there will be a 4% fee added to the total of the invoice being paid. This does not apply to orders being paid upfront with credit card.**

SIGNATURES

Signature:

Signature:

Title:

Title:

Date:

Date: