

Account Authorization Form

Instructions:

1. Please fill out the form below completely.
2. Fax forms to **(209) 476-1114** or email to: **BITAR1128@aol.com**
3. Provide an imprint of a photo scan copy of your credit card. Fax or email.

PAYMENT METHOD	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AM. EXPRESS
CREDIT CARD NUMBER	
EXP. MONTH/YEAR	
FULL NAME ON CARD	
TITLE	
COMPANY NAME	
COMPANY PHONE	
CONTACT PHONE	
FAX	
EMAIL ADDRESS	
BILLING ADDRESS	
CITY	
STATE / PROVINCE	
COUNTRY	
ZIP / POSTAL CODE	
SHIPPING ADDRESS	
CITY	
STATE / PROVINCE	
COUNTRY	
ZIP / POSTAL CODE	

I authorize BLINQ CHARMS to charge the above account number for this order.

SIGNATURE:

DATE: