



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

Invoice Number: \_\_\_\_\_

**INSTRUCTIONS**

1. Complete the form and write all billing and shipping information in the blanks below.
2. Sign with the credit card holder's signature on the line indicated.
3. Include a photocopy of the front and back of the signed credit card.
4. FAX (201) 933.6462 the completed form and the photocopies of the credit card to complete your order.

**CREDIT CARD AUTHORIZATION FORM**

I, \_\_\_\_\_ hereby authorize **Marmiro Stones, Inc.** to charge my credit card account in the amount of \$ \_\_\_\_\_.

Credit Card \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ Security Code: \_\_\_\_\_

Visa

MasterCard

Discover

American Express

Billing Address

Shipping Address

Street: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Country: (If not US) \_\_\_\_\_

Same as Billing Address

Street: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Country: (If not US) \_\_\_\_\_

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Date

**\* Please note: A 3% processing fee will be added to all credit card purchases.**

MARMIRO USE ONLY

Date Processed: \_\_\_\_\_

Charge Processed By: \_\_\_\_\_

Amount Processed \$ \_\_\_\_\_

Authorization Code: \_\_\_\_\_