



14060 Ventura Blvd. Sherman Oaks CA 91423

Tel (213) 629/3959 **Fax (818) 784/4202**

Email: Sales@freelookwatches.com

Credit Card Authorization Form

Please print

BUSINESS NAME _____ DBA if applicable _____

Visa __ Mas __ Credit Card # _____ / _____ / _____ EXP _____ / _____

3 DIGIT ON BACK OF CARD _____ Business name on card _____

Name on Card _____

Credit Card billing address _____

CITY _____ STATE _____ ZIP _____ Country _____

PHONE # (_____) _____ FAX # (_____) _____

Ship To _____ CITY _____ STATE _____ ZIP _____

TAX I.D. # _____

Driver's License # _____ State _____ Date of Birth _____ / _____ / _____

ALL SALES ARE FINAL.

All merchandise is inspected and carefully packaged before shipping. Damaged goods or merchandise shipped in error must be reported within ten (10) days of receipt and promptly returned.

Buyer's Signature _____ Date _____ / _____ / _____

*** * I authorize Raffi Enterprises Inc. to charge my Visa/MC for all further purchases of merchandise shipped. I understand that this is your written authorization to charge these shipments to my charge cards indicated above. This agreement is valid until written notice of cancellation is received.**

Cardholders Signature _____

Cardholder's Name (Printed) _____

I declare that I have read and understood the policies of Raffi Enterprises, including the return policy, and I agree to pay the total amount according to card issuer agreement.