



Main Office and Warehouse  
1215 South Jefferson Avenue  
Saginaw, Michigan 48601-2699  
989.755.7741 ■ Fax 989.755.0910

Branch Warehouse  
2752 Mullins Avenue NW  
Grand Rapids, Michigan 49544  
616.791.0060 ■ Fax 616.791.0057

**Credit Card Authorization Form**  
**Please Print \*Clearly\***

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

Name on Credit Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Card Type: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV2 Code: \_\_\_\_\_ *(This is the last 3 digits on the back of Visa, Master & Discover Cards on the signature panel)*

Issuing Bank & City & State: \_\_\_\_\_

Address Credit Card Bills are Sent to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Please sign EITHER "Blanket" OR "One Time" purchase section

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**For BLANKET Charge authorization:**

I agree to pay total amount charged to me by Cinderella, Inc. on all orders called, faxed or e-mailed to Cinderella, Inc. or entered online, from time to time, according to Card Issuer Agreement. I am also requesting that Cinderella, Inc. keep this information on file. This authorization is to remain in force until revoked in writing.

Authorized Signature: \_\_\_\_\_

Signer's Telephone Number \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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**For ONE TIME Charge authorization:**

Amount of Charge: U.S. \$ \_\_\_\_\_ Description: \_\_\_\_\_

I agree to pay total amount charged to me by Cinderella, Inc. on this order called, faxed or e-mailed to Cinderella, Inc. or entered online, according to Card Issuer Agreement.

Authorized Signature: \_\_\_\_\_

Signer's Telephone Number \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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Please include a copy of your card when you fax this completed form back. Thank you.  
Direct fax number to accounting department is 989.921.6154.

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