

DESIGNER LIFESTYLES LLC

STORE ADDRESS: 619 CASSAT AVE JACKSONVILLE, FL 32205

MAILING ADDRESS: 2220 COUNTY ROAD 210 W STE 108-428 SAINT JOHNS, FL 32259

PH# 904-631-8954, **FAX#** 904-212-0256

WEB: www.DesignerLifestyles.com **EMAIL:** info@DesignerLifestyles.com

CREDIT CARD AUTHORIZATION

FULL NAME:

BILLING ADDRESS FOR CREDIT CARD STATEMENT:

CITY, STATE & ZIP CODE:

PHYSICAL PROPERTY ADDRESS: If same as billing address write same!

TYPE OF CARD: Circle One:

Only accepting: (VISA, MASTERCARD, DISCOVER, AMEX)

NAME AS IT APPEARS ON THE CREDIT CARD:

CREDIT CARD NUMBER:

EXPIRATION DATE ON THE CARD: _____

Visa, MasterCard, and Discover, Cards, enter the 3 digit code on the back of the card, just to the right of the signature block. _____

American Express Cards, enter the 4 digit code on the front of the card, just to the right of the card number. _____

CUSTOMER ESTIMATE or INVOICE NUMBER BEING CREDITED _____

INITIAL AUTHORIZED CHARGE AMOUNT _____

AUTHORIZATION AGREEMENT FOR CREDIT CARD TRANSACTIONS

I hereby authorize, Designer Lifestyles LLC, to debit my credit card / debit card. I also understand that this agreement will remain in effect until the contracted job / invoice that this authorization relates to is successfully completed and is paid in full.

SIGNATURE

DATE