



Inzamia

fine furniture • accessories

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AUTHORIZATION TO CHARGE BY CREDIT CARD

Name: _____ City: _____ State: _____

Credit Card Information

CC #: _____ Expiration Date: __ / __

- Visa CVV Security Code #: _ _ _
- MasterCard CVV Security Code #: _ _ _
- Amex Amex Security Code #: _ _ _

Name of Cardholder (Must be exactly as shown on card): _____

Cardholder Credit Card Billing Address: (Address where credit card bills are sent)

Phone: _____

Fax: _____

Cell Phone: _____

E-mail: _____

Confirmed
Order(s) _____ Date: _____ Total\$ _____

Signed Authorization

I am an authorized signatory of the above stated credit card account. I understand that my credit card will be charged for the above mentioned confirmed order. My signature below authorizes Inzamia Inc. to charge the full value for the above mentioned invoice.

Signature _____ Printed Name: _____ Date _____