



Credit Card Authorization Form

Please fax this form to 310.715.1776
Or E-Mail- sales@lamode.com
For Assistance, please call 310.715-1772

Name of Business _____

Type of Credit Card _____

Account Number _____

Expiration Date _____

Verification Number on Bank of Card _____

By signing below, I authorize Golf Apparel Brands, Inc. to charge my credit card for amounts that I owe for purchases of Golf Apparel Brands, Inc. products and services. I am aware that this is an ongoing authorization and can be cancelled at any time in writing. I understand that payment for the amount charged is solely the responsibility of the person or company whose name is in the card and that I am authorized to use this card for purchases. I agree to contact Golf Apparel Brands, Inc. if there are any charges to my credit card account information.

Cardholder Signature _____

Date _____

Name of Business _____

Name on Card _____

Address _____

City, State, Zip Code _____

Email address _____

Phone Number _____

Fax Number _____