

Livi Decor, LLC

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Credit Card Authorization Form

l,			_ , hereby authori	, hereby authorize Livi Decor, LLC to charge my credit card			
account me	ention below:						
	[] Visa	[] Master Card	[] American	Express	[] Disc	over	
Credit Card	Number			Expiration I	Date	/	
3 or 4 Digit	Security Code						
Credit Carc	Billing Address						
Street							
Zip Code		Coun	try (If not in U.S.)				
Phone			Fax				
Please chai	rge my credit car	d for:					
[] This order only. Purchase Order #				Am	ount \$		
[]/	Also, for all future	purchase orders.					
As o	a credit card hold	er, I also authorize Livi [Decor, LLC to charg	je my credit	card for the	e purchase order(s)	
as r	mentioned above						
Card Holde	r's Signature				Date		
Sand this s	amplated form al	ong with a photocopy o	of the signed credit	card to us a	ut omail info	@livido.com.or	

Send this completed form along with a photocopy of the signed credit card to us at email info@lividecor.com or fax number 562-269-3763.

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information mentioned on this form is kept strictly confidential by Livi Decor, LLC.