

# Credit Card Authorization Form

*(Please complete all of the following information and submit this to us. Your order will not be processed until we receive this information.)*

MH COLLECTIONS INC DBA

# VELZERA

WOMENS FASHION

807 E 12<sup>TH</sup> STREET, UNIT 127, Los Angeles, CA 90021  
WAREHOUSE: 3780 S Hill Street, Los Angeles, CA 90007  
Tel: (213) 746-1285 | Fax: (866) 645-9134  
www.velzera.com

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

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

## Cardholder Information

Credit Card Type:     VISA     MASTER     AMERICAN EXPRESS     DISCOVER

Name (as stated on card): \_\_\_\_\_

Billing Address: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CID, CVV No. : \_\_\_\_\_

*(The CVV is the 3 digit number located on the back of your card) Note: In the case of AMEX the CVV is the 4 digit number on the front of the card.*

## Please check all boxes

- I hereby authorize **VELZERA** to keep my credit card information upon registration on file, for it to be used against any future orders I place with VELZERA.  
\* Please note: VELZERA will still require buyer's approval to use the registered card for each order.
- I agree that I will not initiate any dispute on any charges in the future, for the reason of "NO Cardholder Authorization"
- I will provide with copy of proof of identity and ownership of credit card upon request.

\_\_\_\_\_  
Cardholder signature

\_\_\_\_\_  
Date