

Credit Card Authorization Form



PUKA CREATIONS
16840 South Main St
Gardena CA 90248-3122 USA

INSTRUCTIONS

1. Complete form with credit card billing information
2. Sign where indicated
3. Fax this form along with the copy Of your ID to 1.323.233.2151 or email to orders@pukacreations.com

Date _____ Invoice Ref. # _____

* Cardholder Name: _____

* Credit Card ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

* Card Number: _____

* Expiration Date: _____ * CVV Number: _____ (3-4 Digit Security Code)

* Billing Address: _____

* City: _____

* State/Province: _____ * Zip/Postal Code: _____

* Country: _____

* Phone Number: _____

Email Address: _____

I authorize **Puka Creations** to charge my credit card in the amount of:

\$ _____ USD (U.S. Dollars)

* Printed Name: _____

* Signature: _____

* Date: _____

* *Required Fields*

FOR PUKA CREATIONS INTERNAL USE ONLY (do not complete this section)

| DATE | INVOICE # | AMOUNT | CHARGED BY | AUTH CODE | NOTES |
|------|-----------|--------|------------|-----------|-------|
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