**5175 S Soto St. Vernon, CA, 90058 323-567-2013 ph // 323-317-4764 Cell Corner of Soto St. & Fruitland Ave.**

**Credit Card Payment Authorization Form**

**((Mark “X” at Bottom of paper to check CCA preference))**

I sign and complete this form to authorize **Torgom Trading Company Inc.** to KEEP my credit card listed below, on file **or** to use only 1 time, I will Mark below what I choose. By signing this form, I give them permission to run my Credit Card/Debit Card for my Merchandise, Orders and/ or shipping in the amount indicated on the Invoice dated so.

This is permission for any transaction made in the **year 2023 ONLY**. This **does not provide authorization for any additional un-related debits or credits to my account, unless invoiced and signed by card Holder. If you are allowing your assistant to use your card, please send their ID and Phone number for verification ahead of time.** No Merchandise will be released with out payment. IF you DO NOT PAY, we will **NOT** Release your Merchandise. Please be sure you have done so before hand to not cause any delays in Shipping.

**Please complete the information below:**

I **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** authorize **Torgom Trading Company INC.** to charge my

(full name)

credit/debit card indicated below for **ANY INVOICE** **made and signed** by **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(card holder)

Or **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .**

(Approved Card Holder)

Products and services rendered are as follows ONLY (Ex; Buying of Vintage Clothing/ Shipping/ delivery’s made)

(Description of goods/services)

**Please Write Legibly (\* Important)**

Billing Address **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Phone#**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

City, State, Zip **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Email **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please provide full Address)**

|  |
| --- |
| Account Type:  Visa  MasterCard  AMEX  Discover  Cardholder Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Credit / Debit Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_ CVC/ VCC #\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Card Authorization Number)  **Please check one -->**  Keep on File  One Time Use |

SIGNATURE **X** DATE

I authorize the above named business to charge the credit card indicated in this Credit Card / Debit Card authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for *one time or multi use* **only if checked box is filled in**. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form. I understand that buy not filling this form our completely I will delay my purchase and or shipment. For any Questions Please call the **Torgom Office (323) 567- 2013 Ext.1 || Torgom General Manager / Shipping Manager (323) 317- 4764 Christina.**