



Credit Card Charge Authorization Form

Name: _____

Address: _____

Telephone Number: _____

Full Name of Card Holder: _____

Billing Address: _____

I, _____ authorize Besilu Collection, Inc. to charge my

_____ credit card.

(Visa/MasterCard/American Express)

Credit Card Number: _____

Security Code: _____

Expiration Date: _____

Amount: _____

Description of Charges: _____

Signature: _____

Date: _____

**** Copy of Front and Back of Credit Card Must be Provided.**