



Boscia, LLC.
14450 Myford Road IRVINE, CA 92606
TEL: 949-476-8167 FAX: 949-476-8168

Credit Card Authorization

I authorize boscia, LLC. dba www.boscia.com to charge my Visa/Master/Amex/Discover card for all further purchases of merchandise shipped. I understand that this is your written authorization to charge these shipments to my charge cards indicated below.

Card Holders Name (Name as it appears on the card)

Customer's Name (Please print name)

CVV# (last 3 digits located on the back of the credit card)



Billing address _____
City _____ State _____ Province _____
Postal Code _____ Country _____ Phone# _____

Card Holder's Signature X _____
Print your name X _____
Date ____/____/____

Please also provide the following:

- 1) a photocopy of the front and back of the credit card
 - 2) the information below for the card-issuing bank
- Name of the bank: _____
Phone# of the bank: _____

*Your completion of this authorization form helps us to protect you, our valued customer, from credit card fraud. All the information obtained on the form will be kept strictly confidential by boscia, LLC. Please complete this authorization form together with the necessary documents above and fax to **1-949-476-8168**. Your pending orders will not be processed without the authorization form and will be cancelled if we don't receive the documents in 5 business days.