

ALL ORDERS REQUIRE A 50% DEPOSIT PRIOR TO PRODUCTION. PLEASE FILL OUT AND RETURN TO FAX# 323-585-5454

Credit Card Authorization Form

Date:	
Name of Customer:	
Invoice(s):	
Amount: \$	
CREDIT CARD INFO	RMATION
Credit Card#	
Exp. Date:	AVS Code (3 digits on back of card):
	AMEX AVS Code (4 digits on front of card):
: Check here to	keep this card on file for future use.
Billing address for cred	lit card:
Phone:	Fax:
SIGNATURE	
I	authorize Patagonia Trading Co. to charge my
(Circle one) Visa	Amex MasterCard \$ for merchandise purchased and
further agree that no re	efund, return or dispute will be honored on this credit card transaction.
Please SIGN and fax ba	ack immediately to: 323-585-5454 so we may process your order. Thank you!
Signature:	Date:
9145 Dagal	St Log Angeles CA 00001*222 504 (020DII* 222 505 5454EAV*

8145 Beach St Los Angeles, CA 90001*323-584-6928PH* 323-585-5454FAX*

 $Email: elba@patagoniatrading co.com \\ Web: www.patagoniatrading co.com \\$