



Easton International, Inc.

Tel 908-902-9581; customer service email: dinamahoney@msn.com

Tutti Rouge

CREDIT CARD AUTHORIZATION FORM

Customer Information:

Legal Name of business _____ DBA _____

Billing address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

Cardholder Information:

Name as it appears on the credit card: _____

Billing address _____ City _____ State _____ Zip _____
(same address the credit card statement is mailed to)

Phone _____ Fax _____

Email address for Credit Card receipts _____

I hereby authorize Tutti Rouge to automatically charge this credit card without prior authorization if the purchase order is shipped within its confirmed delivery window.

I hereby authorize Tutti Rouge to charge the credit card indicated above for amounts due by the Company listed above as specified in the payment options and according to the Terms and Conditions of trading with Tutti Rouge. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Tutti Rouge in writing of any changes in my account or credit card information or termination of this authorization at least 15 days prior to the next shipping date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

Signed Name Date

Credit Card Number: _____ Type: () Visa () Mastercard

Expiration Date: _____ CVV Code: _____

The CVV Code is a 3 digit code found on the back of a Visa card or Mastercard.