

Elusions Plus, Inc.
MyPlusLingerie.com

CREDIT CARD AUTHORIZATION FORM

SHIP TO ADDRESS: _____

PHONE: _____

CARD HOLDER NAME: _____

BILLING ADDRESS: _____

CARD NUMBER: _____ EXP DATE: _____

CARD TYPE: DISC ____ VISA ____ M/C ____ SECURITY CODE: _____

AUTHORIZED CHARGE AMOUNT: \$_____

AUTHORIZED SIGNATURE: _____ DATE: _____

Please return this form via fax to: 530.658.7356 or mail at: 75 Jay Road, Centereach, NY 11720