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CREDIT CARD AUTHORIZATION FORM

In order for your order to be processed, please print and complete this form and email it to us at **online@latiste.com** or fax it to us at **1-844-LATISTE**

NOTE: Your order will not be processed until this form is received.

Company Name: _____

Cardholder Name: _____

Billing Address: _____

Tel: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ American Express

Credit Card #: _____

Expiration Date (mm/yy): _____

CVV #: _____

Please check **ALL** boxes:

- I hereby authorize L'ATISTE to process my order with the credit card listed above.
I agree to pay all charges including shipping and handling.
- I agree that I will not initiate any dispute on this charge in the future.
- I will provide proof of identity and ownership of this credit card upon request.

Cardholder Signature: _____

Date _____