

## AUTHORIZATION TO KEEP CREDIT CARD ON FILE

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

CREDIT CARD TYPE:  MasterCard  Visa  DiscoverCard  AMEX (WE **DO NOT** ACCEPT AMEX FOR PREPAYMENT)

CREDIT CARD NUMBER: \_\_\_\_\_

CARD CV2 #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ BILLING ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS FOR RECEIPTS: \_\_\_\_\_

I, \_\_\_\_\_, am an authorized signer of the credit card detailed above. I  
(PRINT NAME)

authorize Noribachi to use the credit card information above to pay any amount due per the payment terms and conditions detailed on the sales order and invoice. I will be provided a copy of my receipt by email.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FAX COMPLETED FORM TO:  
310.257.1171**