

AUTHORIZATION TO KEEP CREDIT CARD ON FILE

NAME AS IT APPEARS ON CARD: _____

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

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**