



PAYMENT AUTHORIZATION FORM
PO # _____

Preferred RECEIVE PERIOD: _____ Preferred SHIPPING METHOD: _____

BILL TO:

Store: _____ Tax ID# _____

*Attn: _____

*Office: _____ *Fax: _____

*Email: _____

SHIP TO:

ALMA | Soul WEBSITE "STORES LIST":

*Store: _____

*City, State: _____

*Phone: _____

*Attn: _____

*Web Site _____

CARDHOLDER INFORMATION Card Type: VISA MASTERCARD AMEXPRESS

Card Account No: _____

Expiration Date: _____

Security Code: _____ (Visa/MC: 3 digits on back. Amex: 4 digits on front)

Cardholder Name: _____

Billing Zip Code: _____

Is card billing address the "same" as your ship address? YES NO (Must be "same" for all out of US deliveries.)

TERMS:

All orders must be paid in full prior to shipping. This order is valid unless canceled in writing by purchaser within 10 days of placement of the order. Goods already in production are purchaser's financial responsibility. Please count and inspect all merchandise immediately. No returns or allowances are accepted without a return authorization (RA) number. Any return request must be made within 5 business days of receipt of goods. The undersigned personally guarantees the terms of this order. If the delivery date falls on a weekend or holiday, the ship date is moved to the first following Tuesday. \$35 return check charge to be paid by purchaser.

Cardholder Signature: _____ Date: _____

Fax to 903-786-2149