



50 NE 62nd Street
MIAMI, FL 33138
PHONE: (305) 763-8981

Credit Card Payment Authorization Form

Sign and complete this form to authorize Poets Eyewear LLC to make a debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date.

Please complete the information below:

I _____ authorize Poets Eyewear LLC to charge my credit card
(full name)
account indicated below for _____ on or after _____.
(amount) (date)

Billing Address _____
City, State, Zip _____

Phone# _____
Email _____

Account Type: <input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Cardholder Name _____			
Account Number _____			
Expiration Date _____			
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____			

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction complies with the terms indicated in this form.