

*Please fax this form to 213-947-5995 or
Email to accounting@NovaRhinestone.com*

Nova Rhinestone Depot
807 Maple Ave, LA, CA 90014
Tel: 888-740-6682

Credit Card Approval Form

Date Submitted: ____ / ____ / ____

Client's Company Name: _____

Client's Complete Address: _____

Items to be charged or Sales Order/Invoice Number:

Total Amount to be Charged: \$ _____

Authorizing Person: _____ Date: ____ / ____ / ____

Type of Card: _____

Cardholder's Name: _____

Credit Card Number: _____

Security Code/Back of Card: _____

Expiration Date: _____

Client's Billing Address (If Different from Above):

"I hereby authorize Nova to keep my Credit Card information on file and charge all future costs related to services provided by Nova Rhinestone Depot at the agreed upon pricing." Yes No

Card Holder's Signature: _____ (REQUIRED)