



AUTHORIZATION FOR USE OF CREDIT CARD

PHOTOCOPY OF CREDIT CARD

Card # _____

Card Security Code _____

Expiration Date _____

Card Holder's Name _____

Company Name _____

Billing Address _____

**Please complete & fax the
form to (secure efax)
888-870-1119
or email to
admin@deprigo.com**

I authorize Deprigo Media to charge my purchase on the above referenced Credit Card. In choosing to use this card as a method of payment, I guarantee that there will be no refund for shipping charges (2-way) in the event of a returned shipment due to refusal of delivery. I also guarantee that no "charge-back" will be issued, prior to making contact with Deprigo Media to settle any disputes and acquiring written agreement to perform a "charge-back".

SIGNATURE: _____ DATE: _____

Please mail the original authorization form to Deprigo Media Attn: Credit Department. We are required to have your actual signature on file.