

GirdlesPlus.com Credit Card Form

Please be advised that by filling out this form you are authorizing GirdlesPlus.com to verify all the information supplied before the credit card can be processed. Please fax this form completely filled out to (305) 548-3770 This form must be completed by the cardholder.

Buyer Name:	Store Name:
Tax ID (if available):	Work Tel #:
Home #:	Cellular #:
Billing Address:	Shipping Address:
City, State:	City, State:
Zip Code:	Zip Code:
Credit Card Type:	Issuing Bank:
Card Holder Name:	Credit Card #:
Exp Date:	V-Code:
Statement Address:	City, State:
Invoice #:	Zip Code:
Today's Date	Approx. Order Amount:

Electronic Check
Money Order
Info on Check:
Routing #:
Check #

Bank Name:
Bank Address:
City, State, Zip:
Bank State:
Bank Phone #:
Contact:
Drivers License or State ID #:

All orders will be processed within 10 business days