

VONTÉLLE
INTERNATIONAL
Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____ CVV Code: _____
Expiration Date (mm/yy): _____
Name: _____
Billing Address: _____
City, State, Postal Code: _____
Country: _____
Expiration Date (mm/yy): _____
Eyewear Order: _____

I, _____, authorize **Vontélle, LLC** to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date