



Escada, Inc.
 2710 NW 112th Avenue
 Miami, Fl. 33172
 Phn: 305-436-8520
 Fax: 305-436-9510

Credit Card Authorization Form

I _____ for and behalf of _____

Hereby authorizes ESCADA, INC and/or their assigns _____

To charge the sum of _____ USA currency to our Credit Card:

() Visa () MasterCard () American Express *Last 3 Digits on the back of the card* _____

Credit Card Number: _____ Expiration Date: _____

Name As Appears on Credit Card: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ Fax Number: _____

For the payment of the amount due for purchase of: _____

| Qty. | Part# | Description | Amount |
|-------|-------|-------------|--------|
| _____ | _____ | _____ | _____ |

Shipping Instruction: _____

Plus any/all applicable Charges: _____

All Credit Card purchases are subject to a 3% Credit Card Handling Charge.

It is hereby understood and agreed that this document although electronically transmitted is for all intents and purposes, an original and bears with it all legal liabilities and responsibilities of such.

Dated this: _____ Day of: _____ 200_____

Signature _____

(As it appears on card)

Title: _____ Date: _____

*Please attach copy of your credit card, both sides, and attach a copy of your passport.

*Favor de anexar a este formulario copia de ambos lados de su tarjeta de credito y copia de su pasaporte. Gracias.