



Credit Card Authorization Form

I, _____, hereby authorize US Speedo, to charge my credit card account in the amount of: \$_____

() VISA () MasterCard () American Express () Discover

Credit Card Number: _____

Expiration Date: ___ / ___ V Code: _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____

Zip Code: _____ - _____ Country: (if not US) _____

Telephone: () ___ - _____

Requested Shipping Address:

Street: _____

City: _____ State: _____

Zip Code: _____ - _____ Country: (if not US) _____

Telephone: () ___ - _____

As the credit card holder, I hereby authorize receipt of goods & services at the shipping address above.

_____/____/____

Cardholder's Signature

Date

Optional:

As the credit card holder, I also authorize US Speedo. to charge my credit card for future purchases verbally approved by me.

Authorization Valid Until: ___ / ___ Initials Here: _____

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. US Speedo will keep all information entered on this form strictly confidential

