

European Soaps, Ltd.  
920 N 137th St ● Seattle, WA 98133-7505  
Phone 800-426-9260 FAX 206-364-1817

**CREDIT CARD AUTHORIZATION**

# 00-\_\_\_\_\_

I hereby authorize European Soaps, Ltd to charge the listed account:

Current Order \$ \_\_\_\_\_

Current and Future Orders

Trade Name \_\_\_\_\_

VISA®     MasterCard®     Discover®     American Express®

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Validation code(last three numbers on back of card) \_\_\_\_\_

Name As It Appears on Card \_\_\_\_\_

Billing Address of Card \_\_\_\_\_  
(Required for Verification) \_\_\_\_\_

Signature of Card Holder \_\_\_\_\_

Date: \_\_\_\_\_

Please mail or fax back this completed form ASAP so that we may finalize the transaction. We will not charge your card until the actual date of shipment.