



CREDIT CARD AUTHORIZATION AGREEMENT

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____

Select Payment Method: <>Visa <>Master Card <>American Express

Card #: _____ Exp Date: _____

Credit Card 3 Digit Security Number on back of card: _____

Cardholder's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____

Cardholder's title if other than business owner: _____

The undersigned hereby authorizes The Highest Heel Enterprises, LLC. to charge the above referenced credit card to satisfy payment due by business listed above.

Terms/Guarantee: This credit card authorization is valid until the expiration date noted on the face of the credit card. In the event a charge is not honored, the signor personally guarantees payments pertaining to the above referenced account. A facsimile of this credit card authorization shall be regarded, and have the same force and effect, as an original. There are NO REFUNDS. The signor understands and agrees that by contracting with The Highest Heel Enterprises, LLC., the above said business: A) Waives any right to any charge back, B) That any dispute will be taken up directly with The Highest Heel Enterprises, LLC. C) Any claim with the entity issuing the card resulting in a charge back to The Highest Heel Enterprises, LLC. shall constitute a breach of contract. (Complete form in full and fax to (502) 855-3098 along with a photocopy of front and back of credit card, as well as a copy of the cardholder's driver's license)

Cardholder Signature

Authorized Representative