

GLOVEABLES[®]

165 N. Anita Ave.
Los Angeles, CA 90049
Tel. 310-476-4624
Fax. 866-204-6492

I, _____ hereby authorized **GLOVEABLES, INC.** to charge my

Visa / Mastercard / American Express number _____

Card issuing bank: _____

Expiration Date: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Residential Phone: _____

DBA / Name of Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____

This authorization remains in effect for this order and all future orders from said company listed above until **GLOVEABLES, INC.** receives written notice from me that this authorization is cancelled, or until **GLOVEABLES, INC.** notifies me in writing that this authorization is no longer valid.

Signature of cardholder: _____

Print name: _____

Date: _____

NOTE

This original authorization must be sent by mail or fax to **GLOVEABLES, INC.**