



CREDIT CARD AUTHORIZATION FORM

I, _____ Company Name: _____ authorize

Puzzled, Inc. to charge my credit card # _____

Expiration Date: _____

V – Code: _____

The Amount: \$ _____ (USD) For invoice #: _____

I authorize Puzzled, Inc. to charge my card in the following breakdown of charges for the total amount listed above:

Charge I: \$ _____ Charge II: \$ _____ Charge III: \$ _____

Merchandise: Received OR will be shipped (circle one)

Billing Address: _____

State / Zip Code /Country: _____

Telephone #: _____ Fax: _____

Email: _____

Cardholder Signature: _____ Date: _____

By signing this form, I hereby acknowledge that I have read and agree to the "Puzzled Sales Policy" and Terms. I declare that all the information in this order form is true, correct and complete. I authorize Puzzled, Inc. to charge my account for this order placed by me or any other authorized buyer for the goods plus incurred shipping charges. I understand that in the case of a disputed charge I will be responsible for all the fees and collection costs. Puzzled, inc. reserves the right to sue within the Jurisdiction of the Los Angeles County Court of Law in California. This is regardless of where this contract was signed or where their business or residence is located.

Authorized Signature: _____ Date: _____

Attn: Credit Department Fax (818)991-9294

5310 Derry Ave., Ste J, Agoura Hills, CA 91301
Phone: (818) 991-9245 Toll Free: (888) 789-3533 Fax: (818) 991-9294