Facsimile Transmittal

To : _____ Date: _____

Fax No. : _____ PO No : _____

From: _____

Tel Number: _____

Fax Number: _____

Subject : Credit Card Information

Thank you for placing order Please fill out this form and fax it back to us. After we receive your credit card information, we will process your order right away. If you have any questions, please do not hesitate to contact us.
Thank you very much !

Card ☐ VISA ☐ MASTER ☐ AMERICAN EXPRESS ☐ DISCOVER

Credit Card Number : _____

Name : _____

Billing Address : _____

Expiration Date: _____

Card ID No. : _____

Signature: _____

By signing this form, I agree to pay all the charges including shipping and handling charges. The undersigned above confirms that he/she is authorized to approve and accept the responsibility of the terms and conditions herein.

1044 Wall Street, Los Angeles California 90015 phone: (213) 748-5141 Fax: (213) 744-0227
email: info@ninarossi.com www.ninarossi.com