

ASUKABOOK®

www.AsukaBook.com info@AsukaBook.com Toll Free: 866.330.1530
19855 Fourth Street, Suite 105 Bend, Oregon 97701-8143

CREDIT CARD AUTHORIZATION

Customer Information

Activation Code or E-Mail: _____

Contact Name: _____

Studio Name: _____

Telephone: _____

E-Mail: _____

Mailing Address: _____

City: _____ State / Province: _____ Zip Code: _____

Country: _____

Please complete this form using information currently on file with AsukaBook USA.

You may submit this form via:

Fax*
541.330.5540

Mail
19855 Fourth Street
Suite 105
Bend, Oregon 97701-8143

E-Mail*
info@asukabook.com

Credit Card Account

Account Type: VISA MASTER CARD

Account Number:

Expiration Date: / Security Code:

Card Holder Name: _____

Billing Address: _____

City: _____ State / Province: _____ Zip Code: _____

Country: _____

It is the Customer's responsibility to inform AsukaBook USA of any changes to the billing address, expiration date and/or changes to the card holder's name of credit card account provided.

Any information provided in this form will be used for the completion of this transaction only, and will be destroyed in a secured manner once completed.

Authorization

I authorize AsukaBook USA to debit the credit card account provided above for the purchase of product by the above Customer / Studio. I also understand that this authorization will remain valid and continue until I cancel such authorization in writing.

Authorized Signature: _____ Date: _____

Billing Address: _____

City: _____ State / Province: _____ Zip Code: _____

Country: _____

*Fax and E-Mail

You may fill out, scan and send completed form via E-Mail to info@asukabook.com or by Fax at 541.330.5540. **NOTE: Any information sent via E-Mail or Fax is not secure and is being transmitted at sender's own risk.**