

Credit Card Authorization Form

Please complete the following credit card information and return to
The Diamond Collection, LLC so that we can process your order.

Client: _____

Maximum Order Amount that can be charged without additional verbal authorization:

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

SIGNATURE DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify
The Diamond Collection, LLC in writing of any changes in my account information
and/or termination of this authorization. I certify that I am an authorized user of this credit card, and
will not dispute these transactions with my bank or Credit Card Company without first
making a good faith effort to remedy the situation directly with The Diamond Collection, LLC first.

Billing Address

1833 E. Harmony Rd. Suite #7

Fort Collins, CO 80528

Phone: (970) 226-5062

Fax: (970) 226-6544

Shipping Address

14438 Don Julian Road

City of Industry, CA 91746

Phone: (626) 435-0077

Fax: (626) 369-5096