

Credit Card Information Form

Please fill out this form and fax it to us. Upon receiving your credit card information, we will process your order right away.

To: **Company:** **Bizz, Inc.**

Phone: **213-745-8877**

Fax: **213-745-8879**

From: **Name:**

Phone:

Fax:

Order ID: _____

Credit Card: Visa Master Card American Express Discover

Card Number: _____

Card Holder's Name: _____

Expiration Date: _____

Card Security Code: _____

Billing Address: _____

Signature: _____

Date Signed: _____

By signing this form, I confirm that I am the authorized holder of the credit card mentioned above, thus agree to pay the costs involved in the aforementioned item (Order ID), including shipping and handling charges, and accept the responsibility of the terms and conditions of BizzLA.com.