

REFERENCE (INVOICE) # _____

AMOUNT \$_____USD.

CREDIT CARD TYPE Master Card Visa American Express Discover

CREDIT CARD # _____

CARD CVV # _____ (The CVV is the 3 digit number on the back of your card)

ISSUED DATE _____

EXPIRATION DATE _____

BILLING ADDRESS _____

BILLING ZIP CODE _____

NAME ON CARD _____
(As it appears on card)

If shipping address is same as Billing, please leave it blank

Shipping Address : _____

By submitting this form, you confirm that you've read and agree to the terms and conditions set forth by JM DREAMLINE, INC.

I agree that I will not initiate any dispute on this charge in the future, for the reason of "no Cardholder Authorization".

I certify that I am the authorized holder and signer of the credit card reference above.

Here I am permitting you to keep the copy of my identification as a substitute of the imprint.

I hereby authorize JM DREAMLINE, INC to charge my credit card for the amount of the order.

X _____
CARDHOLDER SIGNATURE

DATE

FAX OR MAIL(E-MAIL) TO:

JM DREAMLINE, INC (www.girlsdressline.com)

1200 Santee St. Suite 505

Los Angeles, CA 90015 USA

contact@girlsdressline.com

TEL. 1(213) 749-2079

FAX. 1(213) 749-0760