



KV COLLECTIONS, INC.  
3217 S Garfield Avenue  
Commerce, CA 90040  
Ph: (323) 888-1036 Fax: (323) 888-9525  
www.kavio.com

## Credit Card Authorization Request Form

I hereby authorize KV Collection Inc. *dba* Kavio to the charge the following credit card shown below in the amount stated per/all sale orders.

Form must be completed in full by authorized user of card.

### Billing Information

Company Name:

Cardholder's Name:





Cardholder's Billing Address

City:  State:  Zip Code:

Billing Phone Number:  Cell Phone:

Primary E-mail Contact:

### Payment Details

Card Number

Expiration Date(mm/yy)

CVC#

Date Signed:

Amount: \$

\*OPTIONAL

Keep on file for future orders.

**Cardholder's Authorized Signature:**

\*Please print and complete the credit card authorization form and send us a copy via email or fax at [kv@kavio.com](mailto:kv@kavio.com) / (323) 888-9525.

\*Or to complete/update credit card information via e-mail  
Please contact us directly at [kv@kavio.com](mailto:kv@kavio.com)