

City/ State: _____ Postal/ Zip Code: _____

Country: _____ Telephone: _____

** By signing this form, I certify that I am the true cardholder and hereby authorize Lace Embrace Atelier to charge the following credit card for merchandise and applicable shipping charges in the amount of \$ _____. I further authorize shipment to be mailed to an address other than my billing address (if applicable). Signing this form also indicates that I have read and understand the terms of sale, including shipping, delivery and return policies as outlined on www.laceembrace.com.

Visa Credit Card Number: _____

Expiration Date: _____

Signature: _____ Date: _____

** Please fax or mail a photocopy of the FRONT and BACK of your Visa card and another piece of GOVERNMENT ISSUE PHOTO ID. Photocopy must be light and legible for acceptance.