

# ASHI DIAMONDS, LLC

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## CREDIT CARD AUTHORIZATION FORM

Company Name: \_\_\_\_\_ Ashi Cust ID: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Officer's Name: \_\_\_\_\_ Title: \_\_\_\_\_

I hereby authorize Ashi Diamonds, LLC, to charge my credit card account, as shown below for the amount of US Dollars \$: \_\_\_\_\_

Visa       MasterCard       Amex       Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel#: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Invoice Details & Payment Amount				
Ship Date	Invoice #	Invoice \$ Amt	Paid \$ Amt	Bal \$ Amt Open
<b>Grand Total</b>				

[ A Transaction Fee of 3.25% for Amex Card and 2.75% for all Other Cards will apply ]

### The following Documents are required to be Faxed along with this Form:

- Copy of your Driving License       Copy of your Credit Card  
 Copy of Signed Invoices or Statement       Copy of your Business Card

**As the credit card holder and the officer of the above mentioned company, I hereby authorize Ashi Diamonds, LLC to charge my credit card for the above mentioned payment.**

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. Ashi Diamonds will keep all information entered on this form strictly confidential.

**Thank You! Please Fax to: (212) 319-4341.**