

AUGUSTINA, INC. WEBSITE ORDER CUSTOMER AUTHORIZATION REQUEST

Please print and fax this form back to:

Ocean Avenue 831-624-9901 or 831-624-9902

San Carlos 831-622-7338

or mail to: Augustina Leathers, PO Box 5215, Carmel, CA 93921

Date _____

Receipt # _____

Salesperson _____

PLEASE NOTE: We can only ship to credit card billing address.

Customer Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

CellPhone _____ FAX _____

E-Mail Address: _____

We offer free gift wrapping. Would you like your package gift wrapped? Yes No

I, _____, hereby grant permission to Augustina, Inc.
CARDHOLDERS NAME

to charge \$ _____ to my VISA M/C AMEX

Account No.: _____ Expiration Date: _____

I am providing Augustina, Inc. with a front and back copy of my credit card as well as my driver's license.

I understand that the merchandise may be picked up or shipped after receiving this form back by fax or mail.

I understand that I have three days to return my purchase after receipt for STORE CREDIT. Anything returned after that will not be accepted.

Returns can only be made by UPS or Federal Express. No returns will be accepted through the US Postal Service.

NO CREDIT CARD REFUNDS WILL BE GIVEN. STORE CREDIT ONLY.

ALL SALE ITEMS ARE FINAL SALES. NO EXCHANGES OR RETURNS.

ALL SPECIAL ORDERS ARE FINAL SALES. NO EXCHANGES OR RETURNS.

Cardholder Signature: _____ Date: _____

Thank you for your order!