## LETTER OF AUTHORIZATION TO CHARGE CREDIT CARD

I,	, authorize Collector's Paradise, Inc and their		
EMPLOYEES TO PERPETUALLY CHARG	GE TO THE FOLLOWING DESCRIBED CREDIT CARD THE		
AMOUNT EQUAL TO THE VALUE OF	THE PRODUCT I HAVE AGREED TO PURCHASE IN MY		
subscription agreement, until I notify them to stop. The card will be charged only if I fail to pick up my subscription for 3 or more consecutive weeks. I agree that if I notify the store to stop my subscription, I give them permission			
			of books in my hold box. The amount I shall be
-	E, AS AGREED, SHALL BE EQUAL THE TOTAL RETAIL VALUE		
	ount. I also agree to notify Collector's Paradise		
INC. AND THEIR EMPLOYEES OF AN	Y CHANGES OR UPDATES TO MY CREDIT CARD ON FILE, IN		
AN APPROPRIATE TIME REQUIRED T	TO NOT BE DELINQUENT ON THE CHARGES AUTHORIZED BY		
ME ABOVE.			
CARD HOLDER'S NAME ON THE	CARD:		
CARD TYPE:VISA	MASTERCARDDISCOVERAMEX		
CARD NUMBER:	EXPIRATION DATE:/		
CARD SECURITY CODE:	CARD BILLING ZIP CODE:		
CARD SECORITI CODE:	CARD BILLING ZIF CODE.		
CARRIOLDER'S CONTACT INCORMA	TION, INCLUDING THE BILLING ADDRESS:		
CARDHOLDER'S CONTACT INFORMA	TION, INCLUDING THE BILLING ADDRESS.		
STREET ADDRESS:	SUITE/APT#		
STREET ADDRESS.	3011L/AF1#		
CITV	STATE/PROVINCE:		
CITT	STATE/TROVINCE:		
COLINTRY	ZIP CODE:		
	211 CODE		
DILLING DUONE NUMBER. ( )	ALTERNATE PHONE NUMBER: ( )		
BILLING PHONE NUMBER: ( )	ALIERNATE PHONE NUMBER: ( )		
EMAIL ADDRESS.			
(PLEASE PRINT LEGIBLY)			
(PLEASE PRINT LEGIDLY)			
I AGREE TO MAKE SURE MY	CREDIT CARD INFORMATION IS CORRECT, AND PROVIDE		
NEW EXPIRATION DATE WHENEVER			
I AGREE TO NOT HOLD COL	LECTOR'S PARADISE, INC. AND IT'S EMPLOYEES LIABLE		
FOR THE CHARGES I HAVE AUTHOR	-		
SIGNATURE:			
	<del></del>		
PRINTED NAME:	DATE:/		