



Credit Card Authorization Form

I authorize Elila, LLC of 217 East 31st Street, New York, NY 10016 to use the credit card number shown below to pay for my purchases.

Card Details

Credit Card Type _____
Credit Card # _____
Name on the Card _____
Expiry Date _____

Billing Address of Card Holder

Street 1 _____
Street 2 _____
City & State _____ Zip _____
Phone # _____

Payment Details

Amount \$ _____
Purchases _____
Reference # _____
Date _____
Signature _____