
DAVINCI

www.davinciamonds.com

250 Spring Street Suite # 6N104B,
Atlanta, Georgia 30303
Tel. (404) 577-3444; Fax (404) 577-1771

PLEASE PRINT AND FAX the form below:

Please include a copy of Driver's License (Front and Back)

Also include a copy of the Credit Card (Front and Back)

Digitally scanned images are highly recommended and preferred

Please e-mail scanned images to: customerservice@davinciamonds.com

CREDIT AUTHORIZATION FORM

I, _____ (name as it appears on the card)
authorize **Da Vinci Fine Jewelry, Inc. to charge or debit** my (please circle one of
the following:) **MasterCard, Visa or Discover Credit Card.**

(card no.) _____ Expiration date __/____

CVV/CVC _____ (3 (Last Three) to 4 digit code on back of the card).

For the amount of \$ _____ (total amount of sale) to purchase the _____
_____ (detailed item or items description and item
number).

I understand that I may owe state sales tax 8% (only for Ga. residents).

Name on the card: _____

Billing Address: _____

Signature: _____

Email Address: _____

SHIPPING AUTHORIZATION FORM

I acknowledge that I have requested the item(s) described in the credit card
authorization form _____

_____ (Description of item(s))

be shipped by **DAVINCI FINE JEWELRY, INC. to the address above.**

Phone number 1: _____

Phone number 2: _____

Signature: _____