

Kurt S. Adler, Inc. 122 East 42nd St New York, N.Y. 10168

CREDIT CARD AUTHORIZATION FORM

Email address: credit@kurtadler.com

Credit/Collection Dept. - Fax#212-463-7734/Tel.#212-924-0900

KSA# _____ DATE _____ ACCOUNT NAME_____ D/B/A ______ BUSINESS STREET ADDRESS_____ CITY______STATE_____ZIP CODE _____ TAX EXEMPT/ RESALE #_____ TEL.#_____FAX#____ EMAILADDRESS. TYPE OF CARD: ____ MASTERCARD___VISA ____AMERICAN EXPRESS CREDIT CARD NUMBER_____ EXPIRATION DATE_____CVV SECURITY CODE (3 OR 4 DIGIT#)____ CARD HOLDER'S NAME (PLEASE PRINT): -----CARDHOLDER'S SIGNATURE_____ IF DIFFERENT FROMABOVE, BILLING ADDRESS OF CARDHOLDER'S CARD IS: STREET# OR P. 0. BOX#_____ CARD HOLDER'S BILLING ZIP CODE

****KURT S. ADLER, INC. / SANTA'S WORLD IS AUTHORIZED TO USE THE BANK CARD ABOVE AS PAYMENT ON PREPAID ORDERS. THE ISSUER OF THE CARD IDENTIFIED ON THIS FORM IS AUTHORIZED TO PAY THE AMOUNT OF ORDER UPON PROPER PRESENTATION. PLEASE NOTE THAT IF YOU ELECT TO USE A CREDIT CARD WHEN PAYING OPEN INVOICES THAT HAVE BEEN SHIPPED WITH CREDIT TERMS, WE IMPOSE A 3.5% PROCESSING FEE.