



FashionBella LLC
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Los Angeles, CA 90015
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Billing /Shipping Address Request Form

Billing Information

| | |
|-------------------|--|
| Name (First Last) | |
| Address (Street) | |
| City, State, Zip | |
| Phone: | |

Shipping Information (Primary)

| | |
|-------------------|--|
| Name (First Last) | |
| Address (Street) | |
| City, State, Zip | |
| Phone: | |

Shipping Information (Secondary, If Needed)

| | |
|-------------------|--|
| Name (First Last) | |
| Address (Street) | |
| City, State, Zip | |
| Phone: | |

I, _____ (card holder's name) hereby authorize,
www.fashionbella.com to charge my credit card using the "Billing Information" stated above.

And ship out the items to a different location stated on the "Shipping Information".

Signature: _____ Date: _____

* To verify that the shipping address matches your store address. Please send over a copy of your reseller's permit to show proof of your shipping address.