

# LeNique Inc. *Customer Sales Agreement Credit Card Authorization*

Last Name:		First Name:	
Email			
Home #	Work #	Studio #	Studio
<input type="checkbox"/> Pro/Teacher		<input type="checkbox"/> Student	
Referred by:			
Home Address: Street Address, P.O. Box, Company Name		Apartment, Suite, Unit, Etc.	
City	State	Zip Code	Country

Shipping Address: Street Address, P.O. Box, Company Name		Apartment, Suite, Unit, Etc.	
City	State	Zip Code	Country

TERMS: 50% DEPOSIT Due AT TIME OF ORDER;

BALANCE + SALES TAX (due on all CA state in-person purchases and/or shipments) + SHIPPING FEES

Due AT TIME OF SHIPPING/PICK UP

Payment Method:  Check  Cash  Other  VISA  MASTERCARD  AMEX

Name on Card:		
Card Number:	EXP:	CVC#

Same as Shipping Address

Billing Address: Street Address, P.O. Box, Company Name		Apartment, Suite, Unit, Etc.	
City	State	Zip Code	Country

If for any reason you are not satisfied with your purchase, we will be happy to exchange your unused garment within 7 days of your purchase. LeNique cannot exchange any garment that has been worn or is not in its original condition. Please note, we do not offer refunds on any purchase. Buyer agrees to these terms & conditions upon deposit on purchase.

I acknowledge that all the information provided above is accurate and I agree with the LeNique Inc. policies as stated above.

Print Name:	
Signature:	Dated:

**Lenique**  
3416 S Orange Drive  
Los Angeles, CA 90016

**Phone**  
310.838.9390

**Fax**  
310.861.5448

**Email**  
admin@lenique.com

**Web**  
www.Lenique.com