

POSTAL ADDRESS: _____

Suburb: _____

State: _____

Postcode: _____

CREDIT CARD INFORMATION

Credit Card Type:

MasterCard Visa Other Note: Amex not accepted

Name on Card: _____

Card Number: _____

Exp Month: _____ Exp Year: _____

Cardholder Signature _____ Date ____ _

CCV: _____

PURCHASE INFORMATION

I authorize a one-time charge by Studio You against my credit card for the total amount of \$

I do not authorize my credit card to be kept on file for future purchases

*Thank you for your order.
Please email to: orders@studio-you.com.au*