



Rubies II LLC – Credit Card Authorization Form 2025

RUBY SLIPPER SALES 601 CANTIAGUE ROCK RD WESTBURY NY 11590

Date: _____

Ruby Slipper Sales Account # _____

Company/Acct Name: _____

Card Holder's Name (**Must be principal of business**): _____

Cardholder Address (**Required to process transaction**): _____

Visa /MasterCard/American Express #: _____

Expiration Date: _____ Security Code _____

The Credit Card holder and signatory of this document, if not the owner or principal of this enterprise (company), hereby agrees to our usage of his/her credit card and will not dispute any charges incurred. In case of termination, we require written notification.

I/we authorize Rubies Slipper Sales LLC. or any of its affiliates to use my Visa / MasterCard or American Express against all purchases for the remainder of the season (12/31/25) or until the card's expiration date. (Whichever comes first)

Signed on this _____ Day of _____ 2025

Signature

Print Name

Please note: No merchandise will be released until the authorization form is signed and received by Rubies II, LLC Credit Card Department.

Phone# _____

Fax# _____ Email _____



Rubies.com
Info@Rubies.com



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