

# KERISMA

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## CREDIT CARD INFORMATION

To:	
From:	
Date:	
PO #:	
Company:	
Address:	
Tel/Fax:	

Card Type: ☐ VISA ☐ MC ☐ AMEX ☐ DISCOVER

Credit Card Number:	
Name:	
Expiration Date:	
CVV:	
Zip Code:	

☐ Check this box to have your information kept on file

Signature: \_\_\_\_\_

By signing this form, I agree to pay all the charges including shipping and handling fees.  
The undersigned above confirms that he/she is authorized to approve and accept  
the responsibility of the terms and conditions herein.

PLEASE FAX TO: 213.688.8510  
OR EMAIL TO: INFO@KERISMAKNITS.COM