

USF

CREDIT CARD AUTHORIZATION FORM

The below named and under signed, authorizes the below listed Credit Card,
for purchases on Invoice #(s)_____

Name on Card _____
(Please Print)

Address Credit Card Is Billed To:

Address _____

City _____ State _____ Zip Code _____

Credit Card Type : (Circle One)

AMEX Discover Mastercard VISA

Card # _____

Expiration Date ____/____/____

CVV# _____
(On Back Of Card) (Front Of Card on AMEX)

Authorized Signature

Print Name

Return Fax to 888-738-3876
Email to sales@uniquesewingfurniture.com