



## CREDIT CARD AUTHORIZATION FORM

Account Name: \_\_\_\_\_

Card Holder (Name as it appears on card): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

M/C  VISA  AMEX  DISCOVER

Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

I hereby authorize Half Price Drapes to use the above credit card for:

Sales Order/Purchase Order#: \_\_\_\_\_

NOTE: ONLY THE CHARGES SHOWN ON THIS FORM IS ALLOWED TO BE CHARGED ONTO THE CREDIT CARD. ANY OTHER CHARGES OR CHANGES MUST BE SUBMITTED IN WRITING FOR APPROVAL.

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

Name Printed: \_\_\_\_\_