Premier Table Linens

CREDIT CARD AUTHORIZATION FORM

Company Name_____

Address_____

City_____State_____Zip_____

Phone_____Fax_____Email_____

Contact_____Owner_____Federal/Tax ID#_____

Credit Card# _____ Expiration Date _____/_____

Credit Card Verification Code: Visa/MasterCard _____ American Express _____

For Visa/MasterCard: 3-digit number printed on the back of your card.
It appears after and to the right of your card number.
For Amex: 4-digit number printed on the front of your card.
It appears after and to the right of your card number.

Cardholder Name _____Phone_____

Billing Address_____

City_____State_____Zip_____

☝ _____ Please charge all orders to my credit card.

I AUTHORIZE PREMIER TABLE LINENS TO CHARGE MY CARD IN FULL FOR INVOICE _____

X _____ X _____

Signature Date Please Print Name

Please Fax or Email Back to 786-391-0747 / info@premiertablelinens.com