

# Gina Berschneider

Custom Upholstery • Furniture • Design

## Credit Card Authorization Form

Credit Card Billing Information:

Company Name: \_\_\_\_\_.

Person Authorizing: \_\_\_\_\_

Credit Card Type

Visa ( )

Master Card ( )

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

**CVC Number:** \_\_\_\_\_

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

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

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

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

Please bill my card for the following amount: \_\_\_\_\_

Applicant agrees that all information provided is accurate and complete. The undersigned is the duly authorized representative of the company above.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date