

CREDIT CARD AUTHORIZATION

Fax this form to: (707) 252-1927 or

Email to: sales@embzone.com



870 Napa Valley Corporate Way, Suite N Napa, CA 94558

CUSTOMER		TYPE			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		VISA	MASTERCARD	AMEX	DISCOVER
CREDIT CARD #			SECURITY CODE		
ISSUING BANK				EXPIRATION	
FULL NAME AS IT APPEARS ON THE CARD					

REGULAR AUTHORIZED SHIPPING ADDRESSES

CREDIT CARD BILLING ADDRESS

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SHIPMENTS WILL BE MADE TO THE ADDRESSES SHOWN ON THE LEFT ONLY. USE AN ADDITIONAL SHEET FOR MORE SHIPPING ADDRESSES.

THE FOLLOWING PERSONS, IF ANY, ARE AUTHORIZED TO USE THIS CREDIT CARD ON MY BEHALF

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I understand that I am obligated to notify 707 Embroidery Zone, if there are any changes in authorized users. I further understand and agree that my credit card account will be charged in the event the card is used by former authorized users, unless I notify 707 Embroidery Zone, in writing, of changes in authorized users. My signature is my personal guarantee that I am solely responsible for payment of each transaction.

THIS APPLICATION WILL BE VALID ONLY DURING THE VALID DATE OF THE CREDIT CARD AND MUST BE RENEWED AT THE EXPIRATION DATE.

CARDHOLDER SIGNATURE	TELEPHONE #	FAX #	DATE