

CREDIT CARD AUTHORIZATION FORM

DATE: _____

Billing Information:

Contact Name: _____ Company Name: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

Order Information:

Design Name: _____

P.O. No: _____ Invoice No: _____

Credit Card Authorization:

Credit card type: Visa MasterCard

Card No: _____ Expiration Date: _____

Cardholder's Name: _____

Cardholder's Signature: _____

The above stated applicant authorizes Top-Notch Embroidery and Design Ltd. (" the Merchant") to process credit card transactions for the sole purpose of product purchases, digitizing and/or embroidery services. I/We will inform the Merchant of any changes pertaining to the above stated credit card. By signing this document, I/We am/are accepting all responsibility for these transactions and to provide full and proper payment to the Merchant.

Customer's Name: _____ Customer's Signature: _____