



by



Vintage Leather
Furniture Manufacturing

WHOLE SALE CREDIT CARD AUTHORIZATION FORM

Company Name: _____

Card Number: _____

Expiration Date: _____

CVV#: (3 or 4 Digit # Shown on Back of Credit Card): _____

Card Holder Name: (As shown on card): _____

Billing Address: _____

City/State: Zip: _____

Phone: _____

Fax: _____

By signing this form, you agree to a 50% deposit to be charged, per PO, at the time the PO is submitted reviewed and confirmed. Placing a deposit is an acceptance of the invoice as written. Your signature also indicates for the remaining balance to be charged at the time of completion and/or prior to shipping. **Please Note that every credit card payment will be assessed a 3% surcharge.**

Authorized By: _____ Date: _____

Attention: If this purchase exceeds your credit card limit, please make arrangements with your bank prior to submitting payment.