

Credit Card Authorization Form



Date: ____/____/____

I, _____,

Card Holder Name

Check only one:

- As the Individual cardholder, I hereby authorize this card to be used for the deposit required.
- As the company representative, I hereby authorize this card to be used for the deposit required.

Credit Card Information:

Name as it appears on the Card:

Type of Card: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Credit Card Number ____-____-____-____ Expiration Date ____/____

Security Code BACK of Visa OR Master Card: (3 digits) _____

Security Code FRONT of Amex Card: (4 digits) _____

Credit Card Billing Address: Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Cardholder or Company Representatives Signature: _____

Date: ____/____/____

I hereby authorize this card to be used for the future deposits and/or final payments of orders that have been invoiced by Star Window Coverings LLC at the discretion of Star Window Coverings LLC.

Sign to authorize future charges

Cardholder's Name: _____