

Credit Card Authorization Form



1. Complete the form with credit card billing information.
2. Sign where indicated.
3. Submit this form back to TAYSE RUGS

Date: _____ Invoice #: _____

Cardholder Name: _____

Credit Card: Visa MasterCard American Express

Card Number: _____

Expiration Date: _____ CVV Number: _____ (3-4 Digit security code)

Billing Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____

Phone Number: _____ Email Address: _____

I authorize TAYSE RUGS to charge my credit card in the amount of:

\$ _____ USD

OR I authorize TAYSE RUGS to charge my credit card for each purchase on my account until notified otherwise.

Printed Name: _____

Signature: _____ Date: _____

FOR TAYSE RUGS INTERNAL USE ONLY (do not complete this section)

DATE	INVOICE#	AMOUNT	CHARGED BY	AUTH. CODE	NOTES