



CREDIT CARD AUTHORIZATION FORM

Account Name: _____
Account Number: _____
Phone Number: _____
Address: _____

I acknowledge that this is a custom made order. ALL SALES ARE FINAL AND NON-REFUNDABLE.

Choose one option below:

1. I/We hereby authorize A Better Blind, Inc. to keep my card on file and to charge my/our purchase(s) to the identified card below, in accordance with our terms, when I authorize the charge.

2. I/We hereby authorize A Better Blind, Inc. to charge my/our purchase(s) to the identified card below, as a one time use only (this form will be needed each time prior to a charge).

_____ Visa _____ Master Card _____ American Express _____ Discover

Credit Card # _____ - _____ - _____ - _____ Exp Date ____/____/____

CVV2 / CVC _____ (3 digit number on back of the card or the 4 digit in front)

Name on Credit Card: _____

Billing Address: _____

Email Address (for copy of invoice): _____

Card Holder Signature: _____

Please return this form to fax # (305) 623-8139 or email it to accounting@abetterblind.com

If this is a one time use, please specify invoice number, total amount and any other requests:

