

AUTHORIZATION FOR PAYMENT BY CREDIT CARD

U.S./DOMESTIC SERVICES ONLY

Company Name or Individual Name _____

Address: _____

City: _____ State: _____

Zip Code: _____ Telephone Number: _____

The undersigned customer hereby authorizes **Tablecloth Co. Inc.** to charge the below listed Credit Card Number in payment for Tablecloths/Material Goods/ Labor/ Shipping and Handling Fees for purchases made verbally or with written consent. The undersigned understands that the same terms and conditions normally governing the use of the Credit Card apply to this use as well.


All goods are cut to order. Orders cannot be changed or cancelled once the fabric has been cut. After the fabric has been cut, the customer is responsible for paying for the order in full.

The undersigned customer authorizes **Tablecloth Co., Inc.** and its agents to perform credit card checks and other credit or financial information or references submitted to **Tablecloth Co. Inc.**, where permitted. The undersigned represents that he/she has the authority to request the undersigned credit card to be billed for these services/products without dispute.

PLEASE NOTE:

YOUR CREDIT CARD STATEMENT WILL SHOW TWO SEPARATE CHARGES FOR YOUR ORDER. THE FIRST CHARGE FOR THE MERCHANDISE, THE SECOND CHARGE FOR SHIPPING CHARGES.

Credit Card (please check one): AMEX _____ MASTERCARD _____ VISA _____ DISCOVER _____

Credit Card Number  **1ST FOUR DIGITS ONLY** **MIDDLE DIGITS TO BE TAKEN VERBALLY ONLY** **LAST FOUR DIGITS ONLY**

Expiration Date: _____

Credit Card Holder's Name: _____
(As it appears on Credit Card)

Card Holder Signature: _____

Billing Address of Card (if different than above) _____

City _____ State _____ Zip Code _____

Today's Date: _____

All above information will not be shared with any outside vendors, creditors or Credit Reporting Agencies for any purpose unless information provided is fraudulent.

And, if for any reason court proceedings or legal action must be taken.

This agreement is binding within the Customer's State and within the State of New Jersey.

Please sign and fax this form back to: 1-800-377-3720