



Credit Card Authorization Form

We appreciate your payment. Please complete and sign the credit card authorization

Account Name: _____

Card Billing Address: _____

Phone: () - Fax: () -

Email: _____

Contact Name: _____

Card Type:
Mastercard / Visa
Card Holder (as appears on card)
First name:
Last name:
Card Number:
Expiration Date:
Security Code:

PLACE CREDIT CARD HERE AND PHOTO-COPY

Cardeens Credit Card Policy:

Cardeens understands how important your personal and credit card information is and keeps this information private. By submitting this form, you authorize Cardeens to charge your credit card with the total invoice amount at the time your goods are ready to ship. If the credit card charge is rejected, we will do our best to verify our information is correct or obtain new credit card information. If Cardeens attempts to charge and invoice but is unable to do so because the card information is rejected or invalid, we reserve the right to alter the terms of the account including but not limited to col-

Card Holder: _____

This credit card authorization is: OPEN or For a one-time charge of: \$ _____

Please fax the completed form to:
Cardeens Accounting
Attn: Martina