



CREDIT CARD PAYMENT AUTHORIZATION

Customer Name/Number: _____

Credit Card Number: _____

CVV #: _____ Expiration Date: _____

Credit Card Billing Address: _____

City _____ State _____ Zip Code: _____

Dollar Amount: _____

Payment Date: _____

Tax Exempt? YES NO

Print Name: _____ Email address: _____

Authorized Signature: _____

If you have any questions or concerns, please contact:

Heather Neil

Accounts Receivable

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