



DESIGNER'S CHOICE

FURNITURE | RUGS | ACCESSORIES

CREDIT CARD AUTHORIZATION FORM

Card Type (Check One): [] MasterCard [] Visa Card

Number: _____

Expiration Date: ____ / ____

Security Code*: _____

*MC/Visa: Last 3 digits printed on the reverse side of the card

Email Address: _____

Company Name: _____

Name on Card: _____

Price \$ _____ Plus 3%* _____ Amount to Charge _____

* A receipt will be emailed once your credit card has been charged, 3% credit card handling fee

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Card Holder's Phone Number: (_____) _____ - _____

Sales Order Number: _____

Please Check One: [] Deposit [] Final [] Payment in Full

126 Fayette St, Suite 400
Conshohocken, PA 19428
Phone: (610) 828-1875