

CREDIT CARD AUTHORIZATION FORM

Comp	any Name			
Addre	ss			
City			State	Zip
Phone.		Fax		_Email
Conta	ct	Owner		Federal/Tax ID#
				Expiration Date/
	Credit Card Ver	ification Code:	Visa/MasterCard	American Express
		4-digit number printed or	ne right of your card number.	the county and the regions of a process of the county of t
	Cardholder Nan	ne		Phone
	Billing Address_			
	City		State	Zip
SEPARA ON REI	ately) for any ord Ntal Orders, you a	A ENTERPRISES INC. TO ER PLACED BY ME. RE RESPONSIBLE FOR (CHARGE MY CREDIT CA GETTING LINENS TO UPS E	ers to my credit card. ARD IN FULL (MERCHANDISE AND FREIGHT WILL BE BILLED BY THE END OF YOUR 7 DAY RENTAL PERIOD. IF NOT, YOU T RETURNED OR SENT BACK DAMAGED, REPLACEMENT
Χ			X	
	Signature	Date	* *	Please Print Name

Please Fax or Email Back To (973) 523-5460 / info@ultimatetextile.com