

SEND THIS FORM TO THE ATTENTION OF: _____

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 **The 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.

The undersigned customer authorizes **The Tablecloth Co., Inc.** and its agents to perform credit card checks and other credit or financial information or references submitted to **The 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.

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

Credit Card Number: _____

Expiration Date: _____ CID (Card Identification Digits)*: _____

*Use of the CID is a new safety feature required by credit card companies designed to further protect you from the fraudulent use of your credit card. On American Express the code is 4 digits and is located above and to the right of the credit card number on the front of the card. For MasterCard and Visa this code is 3 digits and is located on the back of the card on the signature panel.

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: 1-973-389-1922 or 1-800-377-3720