

CREDIT CARD AUTHORIZATION

BUSINESS NAME: _____

PRIMARY CONTACT: _____

VillageHouse® Importers ACCOUNT NUMBER: _____

CREDIT CARD INFORMATION

CARD TYPE: ___ VISA ___ MASTERCARD ___ DISCOVER

_____/_____/_____
Card Number EXP Date CVV#

CARD HOLDER'S NAME: _____
(EXACTLY AS IT APPEARS ON THE CREDIT CARD)

CARD BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CARD HOLDER PHONE NUMBER: _____

I, _____ (CARD HOLDER) authorize VillageHouse® Importers, Inc. to place on file (confidentially and securely) the credit card information provided above. Furthermore, I authorize VillageHouse® Importers, Inc. to use this credit card as the primary method of payment when making purchases.

CARD HOLDER SIGNATURE: _____

CARD HOLDER NAME (PRINT): _____

DATE OF SIGNATURE: _____

FOR OFFICE USE ONLY

ACCOUNT PROFILE UPDATED (DATE): _____ UPDATED BY: _____

CREDIT CARD AUTHORIZATION FORM FILED (DATE): _____ FILED BY: _____

CONFIRMATION EMAIL SENT (DATE): _____ SENT BY: _____