



## 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

Phone: (616) 559-6124

Fax: (616) 559-6170

Email: [hneil@applied-textiles.com](mailto:hneil@applied-textiles.com)