



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:

Cynthia Wood

Accounts Receivable

Phone: (616) 559-6122

Fax: (616) 559-6170

Email: cwood@applied-textiles.com