

Patrician

Credit Card Authorization

Account Name

Account Number

Telephone Number

I authorize Patrician Window Coverings, Inc. to charge the following payments to the credit card I have listed below.

Invoice or Work Order #	Sidemark	Amount Charged

KEEP ON FILE
FUTURE ORDERS _____

Sub Total

Freight

Total Billed

Credit Card: American Express Master Card Visa Discover

Card Number

V -

Expiration Date

Address for this Card

Zip Code for this Card

Name on Card: _____

Signature: _____

Date: _____

PLEASE FAX BACK TO (281.990.0605)

(Revision Date: 2.18.16kb)