

# CREDIT CARD AUTHORIZATION FORM

## Instructions

1. Please use a dark pen and write clearly.
2. Card holder must sign and date in the dotted line.
4. Fax this form to **(201) 288-6888** to complete your order.

\*Please note that there will be a **3% credit card processing fee** on transactions.

I, \_\_\_\_\_ authorize OTTO Tile & Mosaic Llc. to charge my credit card account in the amount of \$\_\_\_\_\_ (including all applicable fees)

**Company Name:** \_\_\_\_\_

**Circle type of card:** VISA / MASTERCARD

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**CVC Code** (last three digits on the number on the back of the card) \_\_\_\_\_

**Invoice Number(s):** \_\_\_\_\_

### Credit Card Billing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

### Requested Shipping Address (If Applicable)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

As the credit card holder, I hereby authorize receipt of merchandise at the shipping address above.

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.