Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential

Name on Card:						
Billing Address:						
Credit Card Type:	Visa	Mastercard	Discover	AmEx		
Credit Card Number:						
Expiration Date:						
Card Identification Numb	oer:	(last 3 digits loc	ated on the bac	k of the cred	dit card)	
Amount to Charge: It wil that are over 10 days old approval" invoice, all sal	l. I unders [.]	tand that after				
I authorize?Ua fUb's Orie the credit card provided the issuing bank cardholo	herein. I	agree to pay fo	•		•	
Cardholder – Please Sign	and Date	9				
Signature:						
Date:						
Print Name:						

Return the completed and signed form to cbY cZthe following: Email Kamran@KamransOrientalRugs.com

Email Kamran@KamransOrientalRugs.com Mail)*\$%H Street, Sacramento, CA 95819