



Credit Card Authorization

Fax this form to (253) 922-2187

Customer _____

Credit Card # _____

Issuing Bank _____

Full Name _____

(Same as appears on credit card)

Regular Authorized Shipping Addresses:

1. _____

2. _____

Sales/Customer Service Rep _____

Type Visa MC

Exp. Date _____ / _____
Month Year

Shipments will be made to the addresses shown to the left only. Use additional sheet for more shipping addresses.

***Please include a photocopy of the front and back of the above referenced credit card.
(Photocopy on light setting to send legible fax)***

The following persons, if any, are authorized to use this credit card on my behalf:

I understand that I am obligated to notify Northwest Embroidery if there are any changes in authorized users. I further understand and agree that my credit card account will be charged in the event the card is used by former authorized users unless I notify Northwest Embroidery in writing of any changes in authorized users. This application will be valid only during the valid date of credit card and must be renewed at the expiration date.

Cardholder signature _____

Telephone _____

Fax _____

Date _____

NWE use only

Credit card verified by _____

Date _____