



NORTHWEST
CUSTOM APPAREL

Credit Card Authorization

sales@nwcustomapparel.com
Fax: 253-922-2187

Customer/Company _____

Sales/Customer Service Rep _____

Credit Card # _____

Type Visa MC

Issuing Bank _____

Exp. Date _____ / _____
Month Year

Full Name _____
First Name Last Name

CVV Code _____

Email _____

Credit Card Billing Address

Address _____

City _____ State _____ Zip _____

Phone _____

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

I understand that I am obligated to notify Northwest Custom Apparel 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 Custom Apparel 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 _____

NWCA use only

Credit card verified by _____ Date _____