

Stitch 'n Print, Inc.
520 Asbury Dr., Suite A Mandeville, LA 70471
www.stitch-n-print.com

Phone (985) 626-9903
Fax (985) 626-1252
1-800-355-9903

Date: _____

CREDIT CARD AUTHORIZATION FORM

In order for us to accept your card phone order, we must this form completed in full and submitted to this office for verification.

CARDHOLDER'S NAME

AS PRINTED ON CARD

**CARDHOLDER'S ADDRESS

STREET

CITY

STATE

ZIP

BANK CARD ACCT. NUMBER:

AM. EXP. DISCOVER M/C VISA

EXPIRATION DATE: _____

BANK NAME ON CARD:

BANK ADDRESS:

BANK CITY/STATE/ZIP

BANK TELEPHONE NUMBER: ()

**CARDHOLDER'S SIGNATURE:

CUSTOMER ACCOUNT INFORMATION:

BUSINESS NAME:

SHIPPING ADDRESS:

STREET

CITY

STATE

ZIP

BUSINESS PHONE: ()

**Please note that we will ship to the address that is on file with the above blank. If business address is different, please supply business license with this application.

A PHOTOCOPY OF THE CREDIT CARD AND DRIVER'S LICENSE OF THE CARDHOLDER IS REQUIRED BEFORE STITCH-N-PRINT WILL PROCESS THE CREDIT CARD CHARGE.

Office Use Only

Approved by: _____

Date Approved: _____

Salesperson: _____