CREDIT CARD CHARGE AUTHORIZATION

MEMBER NAME	
ACCOUNT NUMBI	'R:
CONTACT NAME:	
PHONE:	
FAX:	
EMAIL:	
I hereby authorize	Vicenza Designs to use the following credit card for:
Purchase Order #:	or All Account Charges: Yes (Please Circle if applicable)
Card Holder:	(Name as it appears on Card)
Dilling Address	
billing Address.	
City/State/Zip:	
Card Number:	
Expiration Date:	CVS:
Signature:	Date:
Print Name:	