


-CREDIT CARD AUTHORIZATION FORM-



I hereby authorize the selected companies to charge my credit card for this and all future orders that I place with them. This authorization will be valid until I give the credit department written notice by mail or email of the authorization cancellation. As the credit card holder, I hereby authorize receipt of goods and services at the shipping address indicated on purchase orders.

CALL BEFORE CHARGE

BILLING INFORMATION			
STREET ADDRESS :			
STREET ADDRESS 2 :			
CITY:	STATE :	ZIP:	COUNTRY :
PHONE :	FAX :		

CREDIT CARD INFORMATION	
CARD TYPE :	<input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER
NAME ON CARD :	
COMPANY NAME :	
CREDIT CARD # :	
EXPIRATION DATE (MM/YYYY) :	CCV :
CARD HOLDER SIGNATURE:	
	DATE:

RETURN TO INFO@TLROOM.COM OR FAX TO (815)377-3636