SAMUEL & SONS
PASSEMENTERIE

CREDIT CARD AUTHORIZATION

☐Visa ☐Master Card ☐American Express

Date ___/___/___
Company Name_____
S & S Account #(if known) _____
Order # (if known) _____

Charge Amount $_____

Name as appears on card _____

Credit Card # _____

Expiration Date ____/____

Credit Card Billing Address _____
_____
_____ ____ _____
city state zip code

Telephone #( ) _____-_____

Authorized Signature_____
I authorize payment on my Visa, MasterCard or American Express Credit Card

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