



EMPORIUM HOME

BY ASHLEY CHILDERS

CREDIT CARD AUTHORIZATION FORM

EMPORIUM HOME REQUIRES A 50% DEPOSIT FOR ALL ORDERS. PLEASE PROVIDE YOUR CREDIT CARD INFORMATION BELOW TO PROCESS YOUR DEPOSIT. THE SAME CARD WILL BE CHARGED AT THE TIME OF SHIPPING. PLEASE COMPLETE AND EMAIL TO SALES@EMPORIUMHOME.COM OR FAX TO 501.372.0024 TO COMPLETE YOUR TRANSACTION.

COMPANY NAME: _____ DATE: _____

CONTACT NAME: _____

CONTACT PHONE: _____ EMPORIUM HOME ORDER # _____

PAYMENT METHOD: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

CARDHOLDER: _____
(NAME AS IT APPEARS ON THE CARD)

CARD #: _____ EXP. DATE _____ SECURITY CODE: _____

CARDHOLDER'S SIGNATURE: _____
(REQUIRED TO PROCESS)

BY COMPLETING AND SIGNING THIS FORM YOU ACKNOWLEDGE THAT YOU HAVE READ AND AGREE WITH THE EMPORIUM HOME TERMS AND CONDITIONS.

CC BILLING ADDRESS:

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

FUTURE ORDERS: PLEASE CHECK THE BOX BELOW AND PROVIDE YOUR SIGNATURE IF YOU WOULD LIKE TO KEEP THIS CARD ON FILE FOR FUTURE ORDERS. YOUR CREDIT CARD INFORMATION IS KEPT STRICTLY CONFIDENTIAL.

I WOULD LIKE TO AUTHORIZE EMPORIUM HOME TO KEEP THIS CREDIT CARD ON FILE FOR FUTURE ORDERS. I UNDERSTAND IN AUTHORIZING EMPORIUM HOME TO KEEP THIS CARD ON FILE THAT I WILL NO LONGER NEED TO FILL OUT A CREDIT CARD AUTHORIZATION FORM FOR EACH TRANSACTION.

PRINT NAME: _____

SIGNATURE: _____

PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS REGARDING THIS TRANSACTION.