



EUROPATEX

HOME FABRICS • TRIMMINGS • ACCESSORIES

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Credit Card Authorization Form

Date _____ Company Name _____

Name As It Appears on the Card _____

Cardholder's Billing Address:

Address _____ City _____ State ____ Zip _____

Contact Phone Number for Cardholder _____

Credit Card# _____ Expiration Date _____

(All major cards accepted except American Express)

CVV# _____

(Can be found on the back of the card)

*NOTE:

If cardholder's billing address is outside of the US, please also provide:

- 1) Photocopy of the front and back of the credit card;
- 2) Photocopy of the cardholder's passport or identification card;
- 3) Information below for the card-issuing bank.

Name of Bank: _____ Telephone # _____

Address of Bank: _____

****I authorize Europatex Inc. to charge my Visa / Master Card / Discover card for all further purchases of merchandise shipped. I understand that this is your written authorization to charge these shipments to my charge cards indicated above. This agreement is valid until written notice of cancellation is received.**

(To cancel the above Charge Card Authorization, please email us at info@europatex.com.)

Cardholder's Signature X _____

****PLEASE FAX THIS FORM TO 1-201-418-8599 or EMAIL to info@europatex.com**