

EUROPATEX

LEADING MANUFACTURER OF HOME TEXTILES & TRIMS

CREDIT CARD AUTHORIZATION FORM

CREDIT CARD INFORMATION

CREDIT/DEBIT CARD TYPE:

VISA

MASTERCARD

DISCOVER

CARDHOLDER'S NAME (as shown on credit card):

CREDIT CARD NUMBER:

EXPIRATION DATE:

SECURITY CODE/CVV:

BILLING ADDRESS:

CITY:

STATE:

ZIP CODE:

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.

I authorize Europatex Inc. to charge my credit 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.

CARD HOLDER'S SIGNATURE:

DATE:

PLEASE SUBMIT THIS FORM TO SALES@EUROPATEX.COM OR FAX 201 418 8599