

# 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](mailto:SALES@EUROPATEX.COM) OR FAX 201 418 8599