

Credit Card Authorization Form

*You may cancel this authorization at any time by contacting us.
 This authorization will remain in effect until canceled.*

PLEASE COMPLETE ALL THE FIELDS BELOW

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Store Name:	_____
Cardholder Name (as shown on card):	_____
Card Number:	_____ <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card
Expiration Date (mm/yy):	_____ CSV Code: _____
Address:	_____ City _____ State _____
Cardholder ZIP Code (from credit card billing address):	_____

I authorize Baum Textile Mills to charge my credit card for all order purchases.
 I understand that my information will be saved on my account for future transactions.

Card Holders Signature: _____ Date _____