

Swirling Silks, Inc.

4020 Skippack Pike
PO Box 156
Skippack, PA 19474
610.584.5595 phone
610.584.6775 fax

Credit Card Charge Form

FOR USE WITH VISA, MASTERCARD and DISCOVER

FOR SWIRLING SILKS USE ONLY:

Work Order # _____ **Authorization#** _____ **Ship Date:** _____

The undersigned hereby authorizes SWIRLING SILKS to charge \$ _____ plus any taxes and/or shipping costs when applicable, on the credit card listed below. Pennsylvania businesses and residents will be charged sales tax, unless Pennsylvania Exemption Certificate is provided.

Customer Name: _____

Name as appears on Card: _____

Credit Card Billing Address including Zip Code: _____

_____ Visa _____ MasterCard _____ Discover

Card Number: _____

*V-Code: _____

*V-Code: Last three digits of number that appears on back of the card.

Expiration Date: _____

_____ **Please check here if this credit card number may be kept on file to be used on subsequent purchases.

I hereby authorize Swirling Silks to initiate debit entries to the credit card account indicated above for products/services provided. This authority is to remain in full force and effect until Swirling Silks has received written notification from me of its termination in such time and in such manner as to afford Swirling Silks a reasonable opportunity to act on it.

Cardholder Signature: _____ Date: _____