

**Swirling Silks, Inc.**

310 Broad Street

Suite H

Harleysville, PA 19438

610.584.5595 phone

267.932.8484 fax

**Credit Card Charge Form**

FOR USE WITH VISA, MASTER CARD, 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: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name as appears on Card: \_\_\_\_\_

Credit Card Billing Address **including** Zip Code: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Visa    \_\_\_\_\_ Master Card    \_\_\_\_\_ Discover    \_\_\_\_\_ American Express

Card Number: \_\_\_\_\_

\*V-Code: \_\_\_\_\_

\*V-Code: Last three or four 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: \_\_\_\_\_