



CREDIT CARD AUTHORIZATION FORM

Company _____ Date _____

I Authorize Amapeli's Embroidery & Design, Inc to bill my/our

Check One: Visa MasterCard

Card Number:

Expiration Date: Code From Signature Panel (Last Three Digits):

Cardholder's Name & Billing Address of Card:

Person(s) _____
Street _____
City _____
State & Zip Code _____
Telephone No. (Inc. Area Code) _____

Business Name & Address (If Different):

Company Name _____
Street _____
City _____
State & Zip Code _____
Telephone No. (Inc. Area Code) _____
Billing E-mail Address _____

Signature _____ Date _____