

Everglades Design Center Credit Card Authorization Form

Cardholder Name: (Please Print) _____

Order/Account #: _____

Amount Authorized to Charge: _____

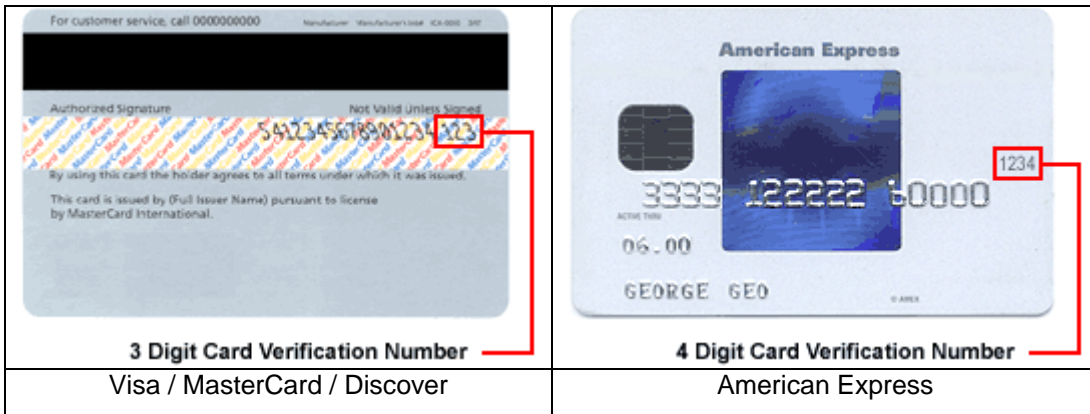
For Export Orders Only: Initial Here to authorize billing of all shipping and customs fees associated with this order: _____

Cardholder Billing Address:

City: _____ State: _____ Zipcode: _____

Card Number: _____ Exp. Date: _____

Security Code Number: _____ This number is recorded as an additional security precaution.



Type of Card: __ Visa __ Master Card __ Discover __ American Express

Cardholder's
Signature: _____ Date: _____

Please Fax Completed Form to: (305) 261-2772
DO NOT SEND VIA EMAIL!!!