



CREDIT CARD AUTHORIZATION FORM

CARDHOLDER INFORMATION

Name : _____ (as printed on credit card)
Billing Address : _____
City : _____ Province: _____ Zip: _____
Card Number : _____
Expiration Date : _____
CVV# (back of card) : _____
Card Type Visa Mastercard Discover American Express

\$ _____

Signature: _____ Print : _____ Date : _____

For: (description of products or invoice #'s)

I Give Simba Flooring Corp. permission to keep my Credit Card information on file:

YES NO