Credit Card Authorization Form



'',		
of (Company)		
hereby authorize Vesta, Ind	c. to charge my credit card account.	À
Order #	Invoice #	MasterCard
O Deposit		
O Payment in Full		
O American Express		
MasterCard		VISA
O Visa		®
Credit Card Number		
Expiration Date	Security Code	AMERICANI
Credit Card Billing Address	s:	
Your Name		
Trade Name of Company _		
Street Address		Vesta accepts MasterCard, Visa
		and American Express.
Phone	Fax	The MasterCard and Visa security
		code can be found on the back of your card and is the last 3
Cardholder Signature		digits. Security codes for Americar Express are 4 digits and can be
-		found on the front or sometimes the back of your card.
- Today & Date		the back of your card.
Optional Information:		
As the credit card holder, I	l authorize Vesta, Inc. to charge my credit ca	rd for future purchases verbally approv
further authorize Vesta to k	keep my credit card information on file as a n	natter of personal convenience to me w
future drapery hardware or	rders.	
	Initial Here	

All information submitted to Vesta, Inc. is held in strict confidence and is used for our accounting purposes only. No information divulged in this form or any other form you receive from Vesta, Inc. is ever shared with another company.