



422 West Broad Street Gibbstown NJ 08027
Toll Free 1 800 821 6645 Toll Free Fax 1 877 821 6646

Credit Card Authorization Form

Company Name _____

Federal Tax ID # _____

Company Owner _____

Street Address _____

City _____ State _____ Zip Code _____

Office Phone _____ Fax _____ Cell/Beeper _____

Credit Card Number _____ Visa ___ M/C ___ AMEX ___

Credit Card Code (last 3 digits on back signature panel) _____

Credit Card Code (4 digit on front of AMEX) _____

Expiration Date (M / Y) _____

Card Holder Name _____

Card Holder Phone Number _____

Billing Street Address _____

City _____ State _____ Zip Code _____

I hereby authorize TableTop Fashions, Inc. to charge my credit card in full for any order placed by me or my company. In the event of a returned check, shortages and or damages, TableTop Fashions, Inc. has the authority to charge this credit card for the amount of the charges. For returned checks an additional \$20.00 returned check administration fee will be charged.

Signature _____ Date _____

Print Name as it appears of card _____

Please submit a copy of the primary credit card front and back with this authorization form.