

ALDER & TWEED

FURNITURE

PAYMENT AUTHORIZATION

PLEASE FILL-OUT AND RETURN TO: ACCOUNTING@ALDERANDTWEEDFURNITURE.COM

DEALER INFORMATION

Dealer Name: _____

Billing Address: _____

Zip Code: _____

Accounting Contact: Name: _____

Phone: _____

Email: _____

CREDIT CARD AUTHORIZATION

Credit Card AMEX Visa Mastercard Discover Credit

Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Card Identification Number (3 digit CVV code on the back, or 4 digit for AMEX) : _____

Authorize a one time payment for PO(s)/Invoice(s): _____

Authorize payment of all future invoices, as they are issued, until further notice

Cardholder Name: _____
(Please Print)

Signature: _____