



# Quilting Order Form

## Customer Information:

Name: \_\_\_\_\_

Start Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Need by Date: \_\_\_\_\_

\*may not be completed by this date

Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Referred by: \_\_\_\_\_

## Quilting Order information:

Quilt size or dimensions: \_\_\_\_\_ \$ \_\_\_\_\_

Batting supplied by customer? \_\_\_\_\_ \$ \_\_\_\_\_

Backing supplied by customer? \_\_\_\_\_ \$ \_\_\_\_\_

Binding? \_\_\_\_\_ \$ \_\_\_\_\_

Total Estimate: \$ \_\_\_\_\_

Deposit: \$ \_\_\_\_\_

Balance due: \$ \_\_\_\_\_

Special requests or notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Customer Approval:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Credit Card Authorization

By signing this form, you give us permission to charge your account for the amount indicated below.

I authorize Becca's Boutique to charge my credit/debit card for quilting services. I understand that half will be charged upon the start of the job, and the balance will be charged at time of shipment, including shipping costs. I understand charges will appear on my statement from Becca D Holdings.

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## Credit/Debit Card Information:

Billing Address \_\_\_\_\_ Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

## Credit Card

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name	_____
Account Number	_____
Exp. Date	_____/____/_____
CVV	_____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the merchant in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

CARDHOLDER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_