



Parker House
FURNITURE

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Parker Living

Credit Card Authorization Form

This form is to be completed by the cardholder. Cardholder must be officer of company.

Company Name

Cardholder Name (please print)

Initial Purchase Order #

Amount Authorized to Charge \$ *

** All charges incur an additional fee of 2% of total invoice.*

Cardholder Billing Address:

Street:

City, State, Zip Code:

Phone # affiliated with card:

Card Number: **

Exp. Date:

Security Code:

(Please provide 3 digits that are non embossed number printed on the signature panel on the back of your card immediately following last four digits of account number. This number is recorded as an additional security precaution for Mastercard, Visa & Discover.)

For AMEX cardholders Security Code:

(Please provide the 4 digits that are non-embossed on the front of the card. This number is recorded as an additional security precaution.)

Type of Card: ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMEX

Cardholder's Signature:

Date:

***Please note all card information will remain on file with our A/P department for ongoing orders as your terms with Parker House are Prepay.*

"Our Family has been serving the furniture industry since 1946"