



CREDIT CARD ON FILE AUTHORIZATION

PLEASE COMPLETE HIGHLIGHTED AREAS

Company Name: _____

Card Holders Name: (as it appears on card)

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone#: _____ **Fax#:** _____ **Email:** _____

Type of card:    

Card # _____ - _____ - _____ - _____ **vvc#** _____

Expiration Date: ____ / ____ / ____ **Authorization Code** _____

Being the authorized cardholder or the Corporate Officer, by signing below I understand and agree to pay the full amount of the charge, according to the card issuer agreement. I specifically authorize Pacific West Furniture Mfg., Inc. and/or Royal Mattress Mfg. to charge to my credit card indicated above when placing all purchase orders. Cancellation cannot be accepted on merchandise that has started production.

Signature of card holder: _____ **Date:** ____ / ____ / ____

Print Name: _____

For office use only
Card Processed ____ / ____ / ____ by _____