



Credit Card Authorization Form

Toll Free: 800-546-3678 Phone: 610-532-3140 Fax: 610-237-1486

Email: choice@choicepartylinens.com

Company Information

Company Name:		
Company Address:		
City:	ST:	Zip:
Phone:	Cell:	Fax:
Email:		
Owner:	Type Of Business:	
Years In Business:		

Credit Card Information

Cardholder Name:		
Credit Card #:		
Expiration Date:	3-Digit CVC Security Code:	
<input type="checkbox"/> Billing address same as business	4-Digit CVC (Amex) Security Code:	
Credit Card Billing Statement Address:		
City:	ST:	Zip:

By completing, signing, and returning this Authorization, I agree to allow Choice to charge the card listed above for any charges incurred due to the rental, rental, or sale of linens and may also be used for the replacement cost of lost linens. I understand that the card will be kept on file until it expires or until I request that it no longer be used.

Authorized Signature: _____ Date: _____

Print Name: _____

For internal use only by Choice Party Linens, Inc.

Date Received: _____ Entered By: _____ Customer Identifier: _____