



1-800-546-3678 or 610-532-3140 (phone)  
610-237-1486 (fax)

## CREDIT CARD AUTHORIZATION FORM

### *Company Information*

COMPANY NAME: _____		
COMPANY ADDRESS: _____		
CITY: _____	STATE: _____	ZIP: _____
PHONE: _____	FAX: _____	EMAIL: _____
OWNER: _____	TYPE OF BUSINESS: _____	
YEARS IN BUSINESS: _____		

### *Credit Card Information*

CARDHOLDER NAME: _____	
CREDIT CARD #: _____	EXP. DATE: _____
3-DIGIT VISA/MC SECURITY CODE: _____ <small>(on the back of Visa and MasterCard cards after the last 4 digits of card #)</small>	
or	
4-DIGIT AMEX SECURITY CODE: _____ <small>(on the front of Amex cards above the card #)</small>	
CREDIT CARD STATEMENT BILLING ADDRESS: _____ <small>(if different then company address)</small>	
CITY: _____	STATE: _____ 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, re 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: \_\_\_\_\_