



Credit Card Authorization Form

Name as it appears on the card: _____

Company (optional): _____

Authorized Amount to be charged: _____

Card Type: Visa MasterCard Discover

Card Number: _____

Expiration Date: _____ / _____ **Code:** _____

Billing Address: _____

Shipping Address: _____

Is the destination a **business** or a **residence**? _____

Please Indicate the **services** you will need for your delivery:

Liftgate Services (if you don't have a loading dock or forklift) **Inside Delivery** **Construction Site Delivery**

Contact Phone Number for Delivery: _____

Desired Delivery Date: _____

Standard Delivery time is 4 weeks unless otherwise agreed. LED Light rings and cocktail tables will be delivered separately.

Signature: _____ **Date:** ____ / ____ / ____

** Please send a signed copy via email to daniel@kindleliving.com or fax to **424.208.3907**