



Credit Card Authorization Form

Name (as it appears on card): _____

Company (optional): _____

Authorized Amount to be charged: _____

Card Type: Visa MasterCard Discover

Card Number: _____

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

Billing Address: _____

Shipping Address: _____

Same as billing address

(Please check appropriate boxes)

Delivery Options: White Glove Standard Shipping

Destination: Business Residence

Do you have a Loading Dock Yes No

Contact Name for Delivery: _____

Contact Phone Number for Delivery: _____

Desired Delivery Date: _____

Standard Delivery time is 4-6 weeks unless otherwise agreed.

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

As the credit card holder, I authorize Kindle Living to charge my credit card and certify that I am the person authorized to use this card. I understand that all sales are final, that there are no returns or refunds. Signing signifies acceptance of our terms and conditions as outlined in our estimate and invoice pertaining to this sale.