



CREDIT CARD AUTHORIZATION FORM

I hereby authorize Sacco Carpet Corporation to charge my credit card in the amount of _____ for the purchase listed below.

ORDER INFORMATION

Order #: _____

Amount Charged: _____

CREDIT CARD INFORMATION

Visa AMEX MasterCard

Cardholder Name: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____

Cardholder Signature: _____ Date: _____

**** please fax completed form to [REDACTED]**

Sacco Carpet Corp. 520 Broadway, 6th floor, New York, NY 10012
phone: [REDACTED] fax: [REDACTED]
www.saccocarpet.com