CREDIT CARD INFORMATION FORM

A R T I S T I C T I L E

150 EAST 58TH STREET • NEW YORK, N.Y. 10573
PH ([redacted] • FAX ([redacted]

Salesperson: _____

Firm / Company:

_____

Phone Number :

_____

Sales Order Number:

_____

Amount to charge:

_____

Credit Card Type: Visa MC Amex

Credit Card #

_____

Card Holder Name:

_____

Expiration Date: _____/_____ CVV2 Code: _____

Statement Mailing Address

_____
Street address or PO Box

_____
City State & Zip

This form is the solely to provide Artistic Tile, Inc. with your credit card information. A signed copy of every charge placed is required to complete any transaction.

Email address or fax number to send your receipt for signature:

_____

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