

OFFICE FURNITURE WAREHOUSE

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
COMPANY:	DATE:
PHONE NUMBER:	SENDER'S PHONE NUMBER:
FAX NUMBER:	SENDER'S FAX NUMBER:
RE:- CREDIT CARD AUTHORIZATION	SENDER'S EMAIL ADDRESS:
TOTAL NUMBER OF PAGES INCLUDING COVER:	CC:

I authorize the billing of all transactions incurred at Office Furniture Warehouse to the credit card listed below. I agree to all terms and conditions set forth by Office Furniture Warehouse and understand that ALL SALES ARE FINAL. By signing this agreement, I relinquish the right to dispute the charge.

Type of Credit Card: (Circle One)	
Account Number:	
Expiration Date:	
V-Code Number (3 digit number on the back of the card)	
Total Amount to be Charged:	
Invoices to be Applied:	
Telephone Number:	
Card Holder's Name as it Appears on the Credit Card:	
Authorized Signature:	
Credit Card Billing Address:	
City, State, Zip Code	

*** Office Furniture Warehouse will not maintain a record of your credit card for future use. Therefore this information must be provided on a new form each time you use this method of payment.

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