



CREDIT CARD AUTHORIZAION FORM

Customer Name _____
Company Name _____
Billing Address _____
City/State/Zip _____
Credit Card # _____
Expiration Date _____ Security Code _____
Billing Tel# _____ Fax# _____
Sales Order / Invoice / Account Number _____
Amount to be Charged _____

We require written authorization to charge your credit card. Your credit card details are to be provided above and reference to the order, invoice or account number this is to be applied to and total amount to be charged.

Your signature indicates your understanding and agreement to FLOS USA's complete terms and conditions of sale, as well as your authorization for FLOS to charge you credit card in the amount as stated above.

Please sign and fax this form back to us for processing.

For FLOS Showroom orders, please fax to 212-941-4763
For FLOS USA office orders, please fax to 718/875-3473
Your order will be processed upon receipt of this signed agreement.
Thank you.

Signature _____

Date _____