

CURTAIN *Fair*

Credit Card Authorization Form

Facility Name	Ordered by
Email Address	Telephone

<input type="radio"/> Visa <input type="radio"/> Master Card <input type="radio"/> American Express <input type="radio"/> Discover		
Name (as it appears on card)		CVV2 Code
Credit Card No.		Expiration Date
Billing Address		
City	State	Zip Code
Authorized Signature		

<input type="radio"/> Paid in Full	
Invoice	Amount of Invoice
TOTAL	

I wish to authorize the purchase of services/merchandise from **CURTAIN FAIR**, using this Credit Card Authorization form. I agree that I will pay for this purchase and indemnify and hold **CURTAIN FAIR** Harmless against any liability pursuant to this authorization. I understand that my signature on this form will serve as authorized signature on the credit card charge slip.

Instructions: Please print this page, fill in all required information above and submit to **CURTAIN FAIR** via your choice of:

Fax: 631-757-7793 PHONE 800-497-1588 631-262-0260

Email: info@curtainfair.com

Mail: CURTAIN FAIR,
12 BEVIN ROAD EAST,
NORTHPORT, NY 11768-1135