

Specialty Retail Sales, LLC

www.WoodRosesUSA.com

Credit Card Authorization

Date

_____ of _____
Customer's Name Company Name

Business Tax ID# (required for wholesale)

I hereby authorize Specialty Retail Sales, LLC to charge (please check one):

Visa MasterCard Discover American Express

For merchandise delivered or shipped to me or others for the purpose of my business. This authorization expires upon a signed and dated letter from me requesting the use of this credit card to be discontinued. **A separate authorization must be completed for each credit card used.**

Credit Card Number

Expiration Date

Card Holder Name (as it appears on the card)

Billing Address

City, State, Zip Code

Card Holder Signature

Please return via email, fax or mail: Info@SpecialtyRetailSales.com – 1.888.949.4443 fax
Specialty Retail Sales, 4017 Saint Andrews Dr, Rio Rancho, NM 87124