



Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information				
Card Type:	<input type="checkbox"/> MasterCard	<input checked="" type="checkbox"/> VISA	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____			
Cardholder Name (as shown on card):	Lorraine G. Green			
Card Number:	4634 0503 044 1118			
Expiration Date (mm/yy):	11/27	Security code:	384	
Cardholder ZIP Code (from credit card billing address):	23805			

I, Lorraine G. Green, authorize VU Window Treatments to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Deposit Amount \$ 475.00 Final Payment \$ 474.17

<u>Per phone authorization</u>	<u>05/12/2025</u>
<u>Customer Signature</u>	<u>Date</u>