



## 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<br><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> |
| Customer Signature             | Date              |