



MADE GOODS

CREDIT CARD AUTHORIZATION FORM

This Made Goods Credit Card Authorization Form is used to proceed the 50% deposit required to place an order. The remaining balance will be charged TO THE SAME CREDIT CARD at the time that the order ships. By completing and signing this form, you acknowledge that you understand and agree to Made Goods Terms and Conditions. To complete this transaction, please fax the form back to 001-626-628-3115. We appreciate your business!

Date _____

Company Name _____ Contact Name _____

Contact Phone _____

Made Goods Order/Quote Number _____

PAYMENT METHOD

Visa Mastercard American Express

Card Holder Name _____
(Please print exactly how name appears on card)

Card Number _____ Expiration Date _____ Security Code _____

Card Holder Signature X _____
(Signature required to process credit card)

CARD HOLDER'S BILLING ADDRESS

Street _____

City _____ Country _____ Postal Code _____

If you wish to keep a credit card number on file with us, please enter it here. It will be kept strictly confidential.

Visa Mastercard American Express

Name on Card _____ Expiration Date _____

Card Number _____

If you would like to use this credit card for future orders, please check the box below and provide your signature

YES, I authorize Made Goods to keep the credit card number listed above on file for future orders placed by me or an authorized agent of my company. I understand that by authorizing Made Goods to keep my credit card on file, I will no longer need to complete a credit card authorization form for each transaction.

Signature X _____

Print Name _____

If you have any questions regarding your transaction, please contact the Accounting Department

001-626-333-1177 PHONE 001-626-628-3115 FAX MADEGOODS.COM