



CREDIT CARD AUTHORIZATION FORM

I, \_\_\_\_\_, authorize Creative Covers Inc. to charge my credit card
(Name)
for services rendered, not to exceed the amount shown below. Confirmation of your order will follow.

AMOUNT \$\_\_\_\_\_ USD

CREDIT CARD TYPE \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

CARD SECURITY CODE \_\_\_\_\_

NAME ON CARD \_\_\_\_\_
(As it appears on card)

BILLING ADDRESS \_\_\_\_\_
\_\_\_\_\_

BILLING ZIP CODE \_\_\_\_\_

CONTACT NUMBER \_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

SHIP TO ADDRESS:
\_\_\_\_\_
\_\_\_\_\_

E-mail/mail or fax to:
Creative Covers Inc.
7508 W. 90th Street
Bridgeview, IL 60455
(800) 970-0901
(708) 233-6889 fax
sales@creativecoversinc.com

Please include a copy of your quote with material and color choice.

Notes:
\_\_\_\_\_
\_\_\_\_\_