

CAROLINA MADE, INC.

Credit Card Account Authorization
Confidential Information

info@carolinamade.com (E-Mail)

Carolina Made, Inc.
400 Indian Trail Rd.
Indian Trail, NC 28079

800-222-1409 (Toll Free)
704-821-6425 (Local)
704-821-6752 (Fax)

Credit Card Type _____ Expiration Date _____
(Visa, MasterCard, Discover & American Express accepted)

Credit Card Number _____

Account Name _____

Pin Number _____ *(Choose a 1 to 6 digit number or word for security to authorize card use).*

Cardholder's Name & Address:

Person (s) _____
Street _____
City _____
State & Zip Code _____
Telephone No. _____

Business Name & Address:

Company Name _____
Street _____
City _____
State & Zip Code _____
Telephone No. _____

Fax# _____

Email Address _____

Issuing Bank _____

Phone # of Supply Bank _____

Statement of Authorization

The purpose of this statement is to authorize CAROLINA MADE, INC. (also stated as "the merchant") to process credit card transactions from the above stated applicant. These transactions will be processed via phone orders, web orders or in person at merchant's location of business operation. I/We have enclosed a photo copy of the above stated credit card (front and back) for proper verification of these transactions. I/We will update the merchant upon expiration date and/or other necessary information as the credit card stated above is renewed. By signing this document I/We am/are accepting responsibility for these transactions to ensure full and proper payment to the merchant and am/are authorizing the merchant to charge my card on delinquent unpaid balances on my account.

Name

Authorized Signature

Date