C A R O L I N A M A D E, I N C.

Credit Card Account Authorization
Confidential Information

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._____

Fax#_____

Issuing Bank_____

Business Name & Address:
Company Name_____
Street _____
City_____
State & Zip Code_____
Telephone No._____

Email Address_____

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. Credit and Debit Cards must be linked to the named account holder or business account. The use of personal cards belonging to friends, family members, customers, or unauthorized 3rd parties is strictly prohibited.

_____ _____ _____
Name Authorized Signature Date