



30 South Street  
Mount Vernon, NY 10550  
914.699.5040

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

I - Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Check one box.

As the individual cardholder, hereby authorize this credit card to be used for orders placed with South Street Tablecloth Company.

As the company representative, authorize this credit card to be used for the amounts required.

**CREDIT CARD INFORMATION:**

Name as it appears on card, with middle initial if required.

Print Name: \_\_\_\_\_

Type of Card:  VISA  MasterCard  AMEX  Discover

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Security Code on BACK of VISA or MasterCard: (3 Digits): \_\_\_\_\_

Security Code on FRONT of AMEX: (4 Digits): \_\_\_\_\_

**Credit Card Billing Address: Street Number & Name** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Cardholder Signature Required: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby authorize this card to be used for all outstanding invoices or in the event, bounced checks, plus a \$35.00 bounced check fee.

Please scan & email to [Tony@SouthStreetTablecloth.com](mailto:Tony@SouthStreetTablecloth.com) or fax to 914.699.3525.