

KNUCKLEHEADS INC

www.knuckleheadsclothing.com
Email: admin@knuckleheadsclothing.com
Ph: 360-696-9744
Fax: 360-397-3073

Credit Card Authorization Form

Store Name: _____

Buyer name: _____

Estimated Order Amount

Please state the estimated total order. This amount will not include shipping, which will be added to order when order ships.

\$ _____

Credit Card Information

Visa AMEX MasterCard

Cardholder Name: _____

Credit Card Number: _____

Expiration Date: _____ EIN # (pin on back of card): _____

Billing Address: _____

(Address where monthly credit card statements are received)

Phone Number: _____

(Associated with credit card)

****If a bank outside the US issued the credit card you are providing KH, please provide a copy of the card front and back along with this form. Be sure to lighten copies before copying****

Being the cardholder or Corporate Officer, by signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize Knuckleheads to charge my credit card. I further agree that in the event my credit card becomes invalid, I will provide KH with a new valid credit card upon request, to be charged for the payment of any outstanding balances owed to KH.

Signature: _____

Printed Name: _____

Date: _____