

CREDIT CARD AUTHORIZATION

NAME AS SHOWN ON CREDIT CARD: _____

COMPANY NAME: _____

BILLING ADDRESS: _____

CITY: _____ ZIPCODE: _____

PHONE NUMBER: _____ AMOUNT: _____

PURCHASE ORDER# _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ 3 DIGIT CARD CODE _____

CIRCLE ONE: VISA MASTER AMEX

REQUIRED FOR ALL CHARGES

I AUTHORIZE THEREDTHREADS INC TO CHARGE MY

CREDIT CARD DESCRIBED ABOVE IN THE AMOUNT OF

_____ THIS CHARGE IS ONE TIME **CHARGE ONLY.**

SIGNATURE: _____

PRINT NAME: _____

DATE: _____

p/s please kindly fax it to 212-925-6519 or by mail to the address below

TheRedThreadsInc