Credit Card Authorization Form

Customer Name: _____

Credit Card Information:

- **Card Type**: [ ] Visa [ ] MasterCard [ ] Discover [ ] AMEX
- **Card Number**: _____
- **Expiration Date (MM/YY)**: ____ / ____
- **CVV (3 or 4 digit code)**: ____

Cardholder Information:

- **Full Name on Card**: _____
- **Billing Address**: _____
- **City**: _____ **State/Province**: _____
- **ZIP/Postal Code**: _____
- **Country**: _____
- **Phone Number**: _____
- **Email Address**: _____

Authorization Details:

- I authorize Bloc Blinds Manufacturing, LLC to charge my credit card for recuring charges upon shipment.

By signing below, I certify that I am the authorized holder of the above credit card and that I understand and agree to the terms of this authorization.

Signature: _____
Date: _____

Terms and Conditions:

- This authorization will remain in effect until canceled in writing.
- I agree to notify Bloc Blinds Manufacturing, LLC of any changes to my card information in a timely manner.
- I will not dispute the payment with my credit card company as long as the transaction corresponds to the terms indicated in this authorization.