



Credit Card Charge Authorization Form

Please complete and fax to Napa Valley Linens: 510-788-4238
or email to nvloffice@nvalinens.com

Order Number: _____

In lieu of my credit card imprint, I, _____
(Name of Cardholder exactly as shown on Credit Card)

Hereby authorize NAPA VALLEY LINENS to charge my order to the following credit card

Visa MasterCard American Express

Card Number: _____

Expiration Date: _____

CVV2 Security Code: _____

THE BILLING ADDRESS AS IT APPEARS ON MY CREDIT CARD STATEMENT

Street Address: _____

Address (Con't): _____

City: _____ State: _____ Zip Code: _____

Country: _____ Telephone: _____ Email: _____

CARDHOLDER AUTHORIZED BILLING AMOUNT

Sub-total: \$ _____

Taxes: \$ _____

Total billed to Card: \$ _____

By signing below and submitting for payment, I acknowledge the acceptance of the Terms and Conditions. I also agree to waive any charge-back rights and in the event of a dispute, requests for a refund must be submitted in writing along with all order documentation in accordance with standard policy of company issuing the credit card.

Signature as it appears on cardholder's credit card: _____

Date: _____

This form must be completed in full and all the information must be true and correct in order for your payment to be processed.
