It takes a stitch
CUSTOM EMBROIDERY
www.ittakesastitch.com

Regina Cassidy
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CREDIT CARD AUTHORIZATION FORM

Card Type: ? Visa ? MasterCard ? American Express ? Discover

Card No: _____

Expiration Date: _____ / _____ 3 or 4 Digit Card Verification Number: _____
mm yyyy

Name (as it appears on the card): _____

Billing address: _____
Street Address

_____ _____ _____
City State Zip Code

Phone for file:_____ Email for file: _____

☑ One-time Fee of $_____ for Invoice No:_____

I hereby authorize It Takes a Stitch Custom Embroidery to charge the above credit card for the amount specified above according to the Card Issuer Agreement.

_____ Date: _____
Signature of Card Holder

_____
Printed Name of Card Holder

FAX signed authorization to 703-524-9021 upon completion.