



## Credit Card Processing Form

Please complete the information requested below as it appears on your credit card billing statement.

Name: \_\_\_\_\_

Business Name, if on Credit Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Credit Card Type: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ AmEx \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Transaction Type & No.: \_\_\_\_\_ Transaction Amount: \$ \_\_\_\_\_

I hereby authorize TAJ Flooring, Inc., to charge my credit card the above amount.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Please return completed form to [admin@tajflooring.com](mailto:admin@tajflooring.com) or fax to 847-690-9931.