



Credit Card Payment Authorization Form

1750 Tower Blvd. • P.O. Box 8700 • North Mankato, MN • 56002-8700
(800) 651-6789 • FAX (866) 572-1027

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Carlson Craft Account Number(s) _____

I hereby authorize Carlson Craft to charge all incoming orders to my:

Visa Mastercard Discover American Express

Credit Card Number _____

Expiration Date ____ / ____ / ____

Cardholder's Name _____

Cardholder's Address _____

Signed _____ Date ____ / ____ / ____

Please return this via Fax to 1-866-572-1027

Or E-mail to: ar@carlsoncraft.com

Or mail to: Carlson Craft Credit Department

P.O. Box 8700

Mankato, MN 56002-8700