



# ORIA

## One Time Credit Card Payment Authorization Form

Full Name \_\_\_\_\_

Donation Amount \$ \_\_\_\_\_

Date \_\_\_\_\_

Description of Authorized Purchase  
\_\_\_\_\_

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

Phone# \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type: ☐ Visa ☐ MasterCard

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV2 (3 digit number on back of Visa/MC) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

*By placing my signature above, I hereby authorize The Oriental Rug Importers Association/ORIA Charitable Fund, to charge my credit card for the amount listed above. I understand that all sales and services are final, and no refunds will be given.*

Please fax this completed authorization form with your signature back to  
The Oriental Rug Importers Association (ORIA) at  
(201) 866-6169.

The ORIA Charitable Fund is a 501 c(3) Tax Exempt Organization  
IRS Tax Exempt # 20-1090669