

Acct # _____

Credit Card Authorization Form

_____ hereby authorize the Best Quality Furniture
to charge my credit card account in the amount of \$ _____

() VISA () MasterCard

Credit Card Number _____

Expiration Date _____ VID Code: _____ Ref. Invoice # _____

Credit Card Billing Address

Street: _____

City: _____ State _____ Zip Code _____

Telephone: _____

Requested Shipping Address:

Street: _____

City: _____ State: _____

Zip Code: _____ Country: if not US) _____

Telephone: () _____ - _____

As the credit card holder, I hereby authorize receipt of goods & services at the shipping address above. I will be personally responsible for any charge-back related to any credit card transactions I authorize. I understand that there is a transaction fee for each credit card transaction. I have read and understood the terms and conditions of sale set forth by Best Quality Furn. unconditionally accept this agreement and the terms and conditions of sales.

_____/_____/_____
Cardholder's Signature Date

PLEASE VERIFY YOUR CARD NUMBER; Along with this signed agreement, please fax us a PHOTOCOPY, FRONT AND BACK of your CREDIT CARD & picture I.D., with the card bearer's name & the number showing clearly.

Thank for your order. Please forward the Credit card form to:

By Fax: (909) 201-7222

By Email: furniture@bestqualityfamily.com

NOTE: All Credit card Transaction additional 3% fees the amount of the invoice