



11001 Sutter Avenue, Pacoima, CA 91331  
Phone (866) 4-Xentric  
Fax (818) 899-0449  
[www.myxentric.com](http://www.myxentric.com)

## CREDIT CARD AUTHORIZATION

Company Name:

Phone:

Fax:

### PLEASE FILL OUT THE FOLLOWING INFORMATION

Cardholder's Name:  
(name as it appears on card)

Credit Card Type:  
(mark with an x)

Visa

MasterCard

Discover

American  
Express

Credit Card No.

Exp. Date.

CVC No.

Address Statements are mailed to:

City:

State:

Zip Code:

Please Check One:  
(mark with an x)

One Time Charge

Monthly

Other

I, \_\_\_\_\_ hereby authorize Xentric Drapery Hardware Inc. to charge

my credit card in the amount of \$ \_\_\_\_\_ to the following invoice # \_\_\_\_\_ .

Authorized Signature

Date

**SUBMIT**