



# Credit Card Charge Authorization Form

Please complete and fax to Napa Valley Linens: 510-788-4238  
or email to [nvloffice@nvalinens.com](mailto:nvloffice@nvalinens.com)

Order Number: \_\_\_\_\_

In lieu of my credit card imprint, I, \_\_\_\_\_  
(Name of Cardholder exactly as shown on Credit Card)

Hereby authorize NAPA VALLEY LINENS to charge my order to the following credit card

Visa       MasterCard       American Express

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

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

CVV2 Security Code: \_\_\_\_\_

## THE BILLING ADDRESS AS IT APPEARS ON MY CREDIT CARD STATEMENT

Street Address: \_\_\_\_\_

Address (Con't): \_\_\_\_\_

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

Country: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## CARDHOLDER AUTHORIZED BILLING AMOUNT

Sub-total:                    \$ \_\_\_\_\_

Taxes:                        \$ \_\_\_\_\_

Total billed to Card:    \$ \_\_\_\_\_

By signing below and submitting for payment, I acknowledge the acceptance of the Terms and Conditions. I also agree to waive any charge-back rights and in the event of a dispute, requests for a refund must be submitted in writing along with all order documentation in accordance with standard policy of company issuing the credit card.

Signature as it appears on cardholder's credit card: \_\_\_\_\_

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

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**This form must be completed in full and all the information must be true and correct in order for your payment to be processed.**

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