



CREDIT CARD AUTHORIZATION FORM

I _____ Authorize Creative Covers Inc. to charge my credit card
(NAME)

For services rendered. Not to exceed the amount shown below. Confirmation of your order will follow.

AMOUNT \$ _____ USD.

CREDIT CARD TYPE _____

CREDIT CARD # _____

EXPIRATION DATE _____

BILLING ADDRESS _____

BILLING ZIP CODE _____

NAME ON CARD _____
(As it appears on card)

Contact Number: _____ E-mail _____

SIGNATURE

DATE

SHIP TO
ADDRESS: _____

E-Mail/Mail or FAX TO:
Creative Covers Inc.
3638 W. 84th Street
Chicago, Il 60652
(800) 970-0901
(773) 581-4027 fax
sales@creativecoversinc.com

Please include a copy of your quote with Material Choice and Color Choice.

Notes: _____

