

CHARLES STEWART

CREDIT CARD AUTHORIZATION FORM

Date: _____

Account Name: _____

Cardholder Name _____ Billing Phone: _____
(Name Exactly As It Appears On Credit Card)

Card Billing Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

PAYMENT AUTHORIZATION

Charge My: Master Card Visa American Express

Card #: _____

Expiration (MM/YYYY): _____ Security Code: _____

Order #: _____

Payment Amt: _____

*A 3% transaction fee will be added to all credit card payments.

I give The Charles Stewart Company permission to make a one-time charge to the above credit card in the amount of _____, plus an additional 3% transaction fee.

Authorized Signature: _____

*We do not store any CC information on file. A new form will have to be filled out for each transaction. *

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