



RETURN TO CREDIT DEPARTMENT FAX# 239 234-5426

TELEPHONE CREDIT CARD FORM

CUSTOMER _____

ACCOUNT# _____ **WO#** _____ **INV#** _____

AMOUNT TO BE CHARGED _____

I authorize Designers Wholesale Workroom, Inc to charge the amount above to the credit card noted.

(SIGNATURE)

print name of cardholder

ALL INFORMATION BELOW MUST BE FILLED OUT

TYPE OF CARD (CIRCLE ONE) : VISA / MASTER CARD

CREDIT CARD NUMBER (16 digits) _____

EXPIRATION DATE _____

SECURITY CODE ON BACK OF CARD _____

BILLING ADDRESS: _____

