

JULIAN CHICHESTER

CREDIT CARD FORM

1120 Bedford St., High Point, NC 27263

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Please fully complete this form and fax back to Julian Chichester at (336.886.3220) or email to an address above.

Company Name: _____

Card Holders Name on Card: _____

Visa _____ MasterCard _____ American Express _____

Credit Card #: _____ Security Code: _____

Expiration Date: _____

Amount: \$ _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____

Sales Order Confirmation #: _____ Purchase Order #: _____

I hereby authorize Julian Chichester to charge the amount listed on this form. I understand that Julian Chichester does not accept returns without prior written approval and cancellations will not be accepted after the order is shipped. No cancellation will be accepted after receipt of the initial deposit on all custom orders.

Authorization Signature: _____

Date: _____