



Sales Rep _____

Approved ____ Yes ____ No

CREDIT CARD AUTHORIZATION FORM

Phone: 1516 739-7788 Fax: 1 516 739-7711 Info@BrushesbyKaren.com PO Box 1547 Mineola, NY 111501

-	-	a 3% credit card convenience fee added orders be paid via wire or ACH transfer.
*************	*********	**********
Name, as it appears on the card	Phone Number (at Billing Add	ress) Email address
Exact Card Billing Address (where statements are	c sent) City/Town	
State/Province/County	Postal Code	Country, if outside USA
Card Type (please fill in): (Credit or Debit)	(Visa, Master,	Amex, Discover)
Card Number	Expiration Dat	te Card Security Code #
Please list other authorized buyers: 1)		2)
All sales are subject to Brushes by Karen's policie https://brushesbykaren.com/infolist/terms Plac	s, terms and conditions, availa tement of your order with Bru	count for the amount indicated on your invoice/s. able at the following link - shes by Karen indicates that you have read & accept
•	e): By signing, you agree that the same validity and meaning	your electronic signature is the legally binding g as your handwritten signature. You will not, at any that your electronic signature is not legally binding.
time in the facale, repaid ate the meaning of your	J	,
	Date	
Your Signature:	Date	
Your Signature:	Date	