



Unique service for unique people

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ROLL-UP SHADES - ROMANS SHADES - WOOD BLINDS
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www.westonblinds.com

CREDIT CARD AUTHORIZATION FORM

Complete and fax to (954)349-6784 or scan and e-mail to: info@westonblinds.com

DATE:

CARD TYPE:

VISA MASTERCARD AMEX DISCOVER

CARD HOLDER NAME:

BILLING ADDRESS WITH ZIP CODE (AS SHOWN ON CREDIT CARD STATEMENT)

CARD NUMBER:

EXP. DATE:

CCV2

Three-digit number on the back of **Visa, Mastercard, Discover** and **Bank cards**
Four-digit number on the front of **American Express** cards.

AMOUNT:

US DOLLARS

I AUTHORIZE WESTON BLINDS & SHADES TO CHARGE MY ACCOUNT FOR THE ABOVE AMOUNT. BY SIGNING BELOW, I AGREE TO PAY CHARGES ASSOCIATED WITH THE INVOICE FOR THE PURCHASE ACCORDING TO THE CARD ISSUER AGREEMENT. CREDIT CARD PROCESSING VIA TRANSFIRST.COM SECURE SERVER.

IMPORTANT NOTICE: ALL DEPOSITS AND PAYMENTS WHETHER PARTIAL OR FULL, ARE NON REFUNDABLE. WESTON BLINDS & SHADES WILL NOT START PRODUCTION UNTIL PAYMENT IS RECEIVED. WINDOW TREATMENTS ARE CUSTOM MADE PRODUCTS THEREFORE THEY ARE NOT RETURNABLE FOR ANY REASON EXCEPT WARRANTY REPAIR.

AUTHORIZER USER SIGNATURE

Your completion of this authorization form help us protect you, our valued customers, from credit card fraud and chargebacks. All information entered on this form will be kept strictly confidential by Weston Blinds & Shades