



**CARPET  
DIRECT**

CORP.

## Credit Card Authorization

P.O. Box 1700 • Westcliffe, Colorado 81252 • 1-800-556-7283 • Fax: 1-888-257-4511

Card Type:     Visa         MasterCard         Discover         American Express

Name On Card: \_\_\_\_\_

Card Holder's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date (mo/yr): \_\_\_\_\_ Security # (3 digits): \_\_\_\_\_

Total Amount to be Charged : \$ \_\_\_\_\_

By signing below I authorize Carpet Direct Corp. to charge my above-described credit card account in the amount stated above. I acknowledge that the amount charged to my credit card account is for material and applicable taxes only and does not include any charges for installation of any of the material. Furthermore, I acknowledge Carpet Direct Corp. does not provide any services in connection with the installation of the material, and therefore Carpet Direct Corp. is not responsible in any way or under any circumstances for the installation of any of the material at any location. I acknowledge and agree I am required to arrange the installation of the material by and through persons or companies unrelated to, and not affiliated with Carpet Direct Corp. I also acknowledge the charges to my credit card account are not subject to any chargeback by or through the credit card company through which or by which my credit card account has been established.

Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_