

Eastern Off-price

41 Farinella Drive
E Hanover, NJ 07981

973-386-1000 tel
973-386-9218 fax

Credit Card Authorization Form

PO# _____

Today's Date _____

Approx Ship Date: _____

Purchase Order Value _____

Sold To:

Ship to:

Payment Form (Visa/Mastercard) _____

Name on Credit Card _____

Credit Card Billing Address _____

Credit Card City, St, Zip _____

Credit Card Number _____

Expiration Date _____

E-Mail Address _____

Cardholders phone number _____

Security # on back of card (CVV2/CVC2) _____

By signing below, I agree to pay up to the above mentioned amount for the merchandise that I have purchased from Eastern Off-price/Eastern Infants Wear Inc. I also accept and understand that Eastern Off-Price/Eastern Infants Wear Inc return policy will apply to this and all future transactions.

I authorize Eastern Off-Price/Eastern Infants Wear Inc to Bill to the credit card account listed above an amount not to exceed _____. I understand that my credit will be charged twice, one charge for the merchandise and then a second charge for shipping.

Authorization signature _____ Date _____

Authorized Name (printed) _____ Position at company _____

**Credit card: Fill out, sign and fax back to 973-386-9218.
Please include a photocopy of the front and back of the credit card.**