

# CREDIT CARD AUTHORIZATION FORM

PLEASE COMPLETE AND RETURN THIS FORM. All information will remain confidential.

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COMPANY NAME: \_\_\_\_\_

CARDHOLDER NAME: \_\_\_\_\_

CARDHOLDER BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CREDIT CARD TYPE (CHECK ONE):                      MASTERCARD \_\_\_\_\_      VISA \_\_\_\_\_      AMEX \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE (MM/YY): \_\_\_\_\_

SECURITY CODE: \_\_\_\_\_

BILLING ZIP CODE: \_\_\_\_\_

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I HEREBY AUTHORIZE SOMETHING DIFFERENT LINEN, INC. TO CHARGE ALL MY SALE ITEMS TO MY CREDIT CARD. WE DO NOT ACCEPT "THIRD PARTY BILLING".

## REFUND POLICY

1. ALL CLAIMS MUST BE MADE WITHIN 10 DAYS OF RECEIPT.
2. NO RETURNS WILL BE ACCEPTED WITHOUT RETURN AUTHORIZATION NUMBER.
3. ALL ITEMS MUST BE RETURNED WITH A COPY OF PACKING SLIP OR INVOICE.
4. 50% RE-STOCKING FEE ON STANDARD ITEMS. NO RETURNS WILL BE ACCEPTED ON SPECIALTY ITEMS & SIZES.

BY SIGNING THIS AUTHORIZATION YOU AGREE TO THE TERMS AND POLICIES SET FORTH IN THIS DOCUMENT.

QUESTIONS: CONTACT ACCOUNTS RECEIVABLE DEPARTMENT.

**CHANGES OR CANCELLATIONS ON ORDER WILL NOT BE ACCEPTED ONCE THIS FORM IS RECEIVED AS PRODUCTION WILL BEGIN IMMEDIATELY.**

**PLEASE NOTE YOU WILL HAVE TWO CHARGES APPLIED TO YOUR CREDIT CARD ONE FOR THE PRODUCT AND ONE FOR SHIPPING.**

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CARDHOLDER SIGNATURE

DATE

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