



517 Crofton St SE  
Grand Rapids, MI 49507  
616.243.8424 Fax 616.243.8055

# CREDIT CARD AUTHORIZATION

Customer Number \_\_\_\_\_

Date \_\_\_\_\_

Customer Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

## Billing Information

Cardholder Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

<b>Card #1</b>	Visa	Mastercard	Amex	Discover	_____	_____
					Last 4 Digits of Card #	Expiration Date

Credit      Debit

<b>Card #2</b>	Visa	Mastercard	Amex	Discover	_____	_____
					Last 4 Digits of Card #	Expiration Date

Credit      Debit

For security purposes, please call your Sales Representative with your complete credit card number.

I hereby authorize use of the above listed credit cards for the above listed store, effective until revoked by Cardholder. A 3% card surcharge is being assessed by Notions Marketing and is only applicable to credit transactions. The surcharge being assessed is not greater than the applicable merchant rate for credit card transactions charged to Notions Marketing.

Cardholder Signature \_\_\_\_\_

(Signature must match cardholder name)