



Salles Interior Staging

CREDIT CARD AUTHORIZATION FORM:

Please note: This form must be completed and signed regardless of payment preference.

Name: _____ Phone: _____
(please print)

Signature: _____

Date: _____

Please circle: AMEX MC VISA

Credit Card Number: _____

Expiration date: _____

Security code: _____

Billing Address: _____

Email address: _____

Mobile phone: _____

By signing this form, you authorize SALLES INTERIORS to charge your credit card in accordance with the above agreement. **A 4% processing fee will be applied to all credit card transactions**