



CREDIT CARD AUTHORIZATION FORM

Date _____

Designer/Company Name _____

Name on Card _____

Credit Card Billing Address _____

Credit Card Type VISA AMEX MASTER CARD

Credit Card Number _____

Expiration Date _____ Security Code _____

I hereby authorize Niermann Weeks Company, Inc. to charge this credit card for the amount listed below. I acknowledge by submitting this form that my credit card will be charged a fee of 3% on the total amount.

Niermann Weeks Quote/Order # _____

Amount to be Charged _____

Authorized Signature _____

*** Please check here for authorization to keep credit card on file for easier future payment processing.

Customer Initials _____ Authorized by _____

NIERMANN WEEKS