



Cardholders Name: _____

Card Type: _____ Acct#: _____ Exp.Date: _____ Sec.Code _____

Billing Address & Zip Code: _____

Phone#: _____ Fax#: _____ Email: _____

Kate Ryan Linens Customer Signature x _____

We accept the following:



**By signing this credit card authorization form I have read, understand, and agree to the Terms and Conditions set forth by Kate Ryan Linens. Please authorize us to charge your credit card accordingly by signing your approval.*

Thank you for your business!