



Decorative
Lace &
Linen

MAILING ADDRESS:
P.O. BOX 892
MORGAN HILL, CA 95038

SHOWROOM ADDRESS:
1359 Lowrie Avenue
South San Francisco, CA 94080

Please fax back

TEL: 415-863-9810
FAX: 415-863-2294

CREDIT CARD CHARGE FORM

In order to pay for your purchases with credit card, please complete this form.

Company Name: _____

Card Holder Name: _____

Credit Card Type: MasterCard Visa Discover

Credit Card Number: _____ - _____ - _____ - _____

3 digits Security Code on back of card _____

Expiration Date: ____ / ____ (month / year)

Credit Card Billing Address (mandatory for credit card verification):

Address: _____

City: _____ State: _____ Zip: _____

Ship To Address (required if different than billing address):

Address: _____

City: _____ State: _____ Zip: _____

I hereby authorize LINS to charge my purchases to my credit card listed above:

Cardholder Signature

Date

Check this box if you DO NOT want your credit card information kept on file for future order.

ID Number: _____ State: _____ Exp. Date: _____