



## Credit Card Authorization Form

PLEASE PRINT THIS FORM, COMPLETE THIS AUTHORIZATION AND RETURN

All information will remain confidential.

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

Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Credit Card Type:  Visa  Mastercard  Discover  American Express



Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Card CSV Number (3 or 4 digits located on the back of the credit card): \_\_\_\_\_

Amount to Charge: \$ \_\_\_\_\_ (USD)

I authorize **Illari Threads, LLC** to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name (if different than above): \_\_\_\_\_

Charges will appear on your statement as "**Illari Threads LLC**"

Please return to [orders@illarithreads.com](mailto:orders@illarithreads.com)