



® ... specializing in custom scarves

CREDIT CARD AUTHORIZATION FORM

I, _____, hereby authorize SportsScarf to charge my credit card account in the amount of \$ _____ for invoice # _____ (including shipping and/or taxes, if applicable).

Type of card: Visa Mastercard American Express Discover

Credit Card Number _____

Expiration Date _____ CVC Code (last three digits of the # on back of card) _____

Billing Address: _____

Signature: _____

Printed Name: _____

Date: _____

Phone Number: _____

Please complete and fax back to: 508-758-2990

www.SportsScarf.com