



Blinds Chalet LLC
Gilbert, AZ 85233
Tel: 888-633-7840
Fax: 480-633-5695

Credit Card Authorization Form

To whom it may concern.

I, hereby authorize Blinds Chalet LLC to charge the attached credit card for purchases I make from Blinds Chalet LLC.

Credit Card #: _____

Expiration Date: _____ / _____ **CVS Code:** _____

(3 digit code on back of card. 4 Digit code on front of Amex cards.)

Cardholder's Full Name: _____

Billing Address: _____

Billing City, State, ZIP: _____

I acknowledge:

That my order is a custom made product and therefore there are no returns, refunds, credits or exchanges.

Signature: _____

Date: _____

Please sign and fax this form along with a **copy of the front and back of your credit card and a picture ID.**

Please also **manually write out the credit card's number, expiration date and CVS code** since they will be illegible on a fax printout.

Please fax back to **480-633-5695** to complete your order.