



# *S&K Theatrical Draperies, Inc*

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## Credit Card Authorization Form

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

I, \_\_\_\_\_, hereby authorize S&K Theatrical Draperies, Inc. to use the following Credit Card information to bill my credit card for the purpose of order placing.

Amount to be charged: \_\_\_\_\_

- Cardholder's Full Name: \_\_\_\_\_
- Company Name: \_\_\_\_\_
- Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Optional
- Cardholder's Credit Card Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Credit Card Type:  Visa  Master  American Express  Discover
- Credit Card No.: \_\_\_\_\_ CVV2: \_\_\_\_\_  
(Card Security Code)
- Credit Card Expiration Date: \_\_\_\_\_
- Issuing Bank Customer Service Phone #: \_\_\_\_\_  
(Printed on the back of the card)
- Cardholder's Signature: X \_\_\_\_\_
- Email: \_\_\_\_\_  
(Shipping information will be sent to you via this email address.)
- Shipping Address: (if different from the above billing address)  
\_\_\_\_\_  
\_\_\_\_\_

Please complete the form and fax back to (818) 503-0599 or e-mail to your sales rep.

We do NOT store submitted credit card information on our servers.  
Your personal information will be kept strictly confidential