SALVIN DESIGN INC.

CREDIT CARD AUTHORIZATION FORM

I hereby authorize Salvin Design Inc. to keep my signature on file and to charge/debit my credit card for all my orders and any other overdue balances in the future.

I understand this form is valid unless I cancel the authorization through written notice to Salvin Design Inc. by certified mail.

CIRCLE ONE

MASTERCARD VISA DISCOVER AMERICAN EXPRESS

CREDIT CARD #_____ EXPIRES_____

CSV (ON BACK OF CARD. ON FRONT ON AMEX CARD)_____

I UNDERSTAND THAT MY SIGNATURE ON THIS FORM WILL SERVE AS MY AUTHORIZED SIGNATURE ON THE CREDIT CARD SLIP.

Company Name as it appears on the card:_____

Name as it appears on the card:_____

Billing address on the card:_____

City, State, Zip:_____

Phone Number:_____ Fax Number:_____ Email:_____

Being the Cardholder or Corporate Officer, by signing below I understand and agree to the terms and conditions set forth by Salvin Design Inc. and agree to pay and specifically authorize Salvin Design Inc. to charge my credit card on all orders for the products and services provided. Salvin Design Inc. will provide me with an Invoice detailing all of my charges. Returned goods or cancelled orders are subject to a 20% re-stocking fee, less shipping charges. Shipping charges are non-refundable. A finance charge of 1.5% per month will be charged to past due accounts not paid within terms plus any collection costs including attorney fees.

I certify that all information on this Credit Card Authorization Form is true and accurate.

_____ _____ _____

PRINT FULL NAME **SIGNATURE** **DATE**

Email: Gina@salvin.biz

Fax: (845) 334-9618