

CREDIT CARD TRANSACTION

Card Holder Name and Billing Address

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Contact Name _____

Payment Amount and Allocation

P.O. #	Invoice #	Amount \$
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Payment \$ _____

Please note: The total transaction amount will also include application fees, shipping and handling charges.

Payment Authorization

Master Card Visa American Express Discover

Card Number _____ Security Code _____

Expiration Date _____

Authorized Signature _____ Date _____

I hereby authorize Brentano, Inc. to accept the indicated credit card for payment of the above referenced purchase order(s) and/or open invoice(s). I agree that should there be shipping damage or any dispute, I will work directly with my Brentano representative and/or Brentano, Inc. in lieu of reversing the charges on this credit card payment.