

## **CREDIT CARD AUTHORIZATION**

RETURN BY FAX **714 870 7102** OR EMAIL TO THEDRESSERBRIDAL@GMAIL.COM

 $Q_{\mbox{\scriptsize UESTIONS?}}$  714 870 7101 Mon thru Fri • 10am to 5pm

Bride's Name(or Event Contact):		<b>Event Date:</b>	
To provide the best service and effectively track orders, The Dresser	· will register all purchases associat	ted with an event using the Bride's Name and Wedding Dat	
Order Name (if different than above):		Daytime Phone:	
		Daytime Phone:	
(OPTIONAL) E-ma	il address or fax number for Recei	pts :	
All Sales and Payments are FI	NAL, NON REFUNDAB	LE, NON TRANSFERABLE.	
·	ARD/DISCOVER ACCOUN		
<del>-</del>	<del>-</del>	<sup></sup>	
EXPIRATION DATE:	CV CODE:	BILLING ZIP:	
Authorized Payment Amount: \$	for balance or	n Sales Order# (only if known)	
	Please Specify:		
ONE -TIME AUTHORIZATION. I would	like to complete a new form	n every time I make payments in the future.	
	-OR-		
AUTHORIZATION ON FILE. For my con understand The Dresser cannot process pay Authorization each time. This authorization myself and/or on behalf of the Order Name/	ments without my consent, is valid for payments on goo	but I do not want to fill out a new ods or services I have requested on behalf of	
By submitting this Credit Card Authorization, I herel accept financial responsibility for this purchase a understand, and agree to T		r/Member Services Agreement. I have read,	
Cardholder's Signature		 Date	