



Credit Card Processing Form*

Please complete the information requested below as it appears on your credit card billing statement.

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Credit Card Type: Visa _____ MasterCard _____ Discover _____ AmEx _____

Credit Card Number: _____

Expiration Date: _____

Order or Invoice Number: _____ Transaction Amount: \$ _____

I hereby authorize TAJ Flooring, Inc., to charge my credit card the above amount.

Signature _____ Date: _____

Printed Name: _____

Please return completed form to admin@tajflooring.com or fax to 847-690-9931.

*Please note that a convenience fee of 3.5% will be assessed for all credit card transactions over \$2,500.00.