

## **Credit Card Processing Form**

Please complete the following information as it appears on your credit card billing statement:

Name on Card:								
Billing Address:								
City:				State:	Zi	p Code:		
Contact Phone:								
Credit Card Type: □	] Visa	□ MasterCard	□ Discover	□ AmEx				
Credit Card Numbe	r:							
Expiration Date:								
Order or Invoice Number:				Transaction	Transaction Amount: \$			
I hereby authorize TAJ Flooring, Inc. to charge my credit card the amount above including a 3.5% convenience fee* if applicable.								
Signature:					Dat	te:		
Printed Name:								
Please email this completed form to: <a href="mailto:admin@tajflooring.com">admin@tajflooring.com</a>   fax (847) 690-9931								
*A convenience fee of 3.5% will be assessed for all credit card transactions.								

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