

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:		Zip Code:	
Contact Phone:							
Credit Card Type: □ Visa □ MasterCard □ Discover □ AmEx							
Credit Card Number	er:						
Expiration Date:							
Order or Invoice Number:			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:					D	ate:	
Printed Name:							
Please email this completed form to: admin@tajflooring.com fax (847) 690-9931							
*A convenience fee of 3.5% will be assessed for all credit card transactions over \$2,500.							

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