



CREDIT CARD AUTHORIZATION

Please complete the following information and submit via email or fax to:

e orders@theoncollection.com f 707.258.6315

Your card will be charged a 50% deposit at the time of reservation, and all remaining balances will be charged up to 48 hours before your order leaves our warehouse. Any remaining balances will be charged upon the return of your order, and may include charges for loss or damage. We welcome any questions you may have and thank you for choosing Theoni.

This form is created in Adobe Acrobat format. In order to use this form, **you will need to DOWNLOAD and INSTALL Adobe Acrobat Reader. Click DOWNLOAD to get link.**

Payment Information:

CC Number: _____ Expiration Date: _____

Name on card: _____ CW*: _____

*American Express code is 4 digits, located on the front of the card, above and to the right of the credit card number;
MasterCard or Visa code is 3 digits, located on the back, in the card signature panel.

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Driver's License Number _____

Amount to be charged to card: _____, plus shipping charges when applicable.

Order Number _____

Event Name/PO (optional): _____

Authorized Signature: The undersigned represents that s/he has the authority to request the above credit card be billed for services according to the terms stated here and without dispute.

Electronic Signature _____ **Date** _____

By typing my signature here, I certify that I have the authority to request the above payment terms and be billed for services according to the conditions stated here without dispute. I certify the above information to be accurate and authorize Theoni to use this information in establishing our industry account.