

2801 W Grant St  
Bellwood Il 60181  
Office: 708-593-3190  
Fax: 708-593-3117  
[www.mdarugimports.com](http://www.mdarugimports.com)



### CREDIT CARD AUTHORIZATION

Agreement for Non-Swipe Credit Card Customers

**Company Name:**

**Company Address :**

**Company Phone Number:**

Company FAX Number:

Purchaser's Name if Different From Cardholder:

**Name On Credit Card:**

Credit Card Billing Address:

**Card Type:**

    

**Card Number:**  **Expiration Date:**

**Security Code:**  (code on front for Amex)

Cardholder phone Number:

E-mail Address:

In lieu of my credit card imprint, I authorize **MDA RUG IMPORTS INC** to charge the above credit card account for all purchases of MDA RUGS Products, shipping costs and services. Cardholder acknowledges and agrees to the following terms and conditions:

1. Cardholder must notify **MDA RUG IMPORTS INC** via fax or email of any defects and/or freight damage claims within 15 days of ship date. Card Holder must state the specific nature of all claims and must hold on to all product packaging for all shipping claims.
2. For each credit card transaction, a copy of your credit card receipt will be mailed to the credit card billing address.

This completed request for credit card processing must be E-mailed to:  
**account@mdarugimports.com** prior to credit card processing.

**MDA RUG IMPORTS INC** will maintain the credit card information on file for future orders until otherwise designated by cardholder.

Cardholder Signature:

Date:

[sales@mdarugimports.com](mailto:sales@mdarugimports.com)