



DESIGNER BLINDS

CONDITIONAL CREDIT CARD AUTHORIZATION FORM

I _____, doing business as _____
Your Name Name of Company

Am aware and understand that my payment terms with Designer Blinds is *Charge Card*.
This means payment is charged at time of ship date.

Designer Blinds Account Number _____

Type of Credit Card ___ MasterCard ___ Visa ___ Discover

Credit Card Account # _____

Expiration Date _____

Name of Credit Card Holder _____

Please use my credit card as my primary method of payment to be billed at time of shipment.

Signature Date

4500 South 76th Circle - Omaha, NE 67127-0459 - (402) 331-2283 - 800-292-5463 – Credit Fax (800)-766-4210

13617 West 109th St - Lenexa, KS 66215 - 800-962-5463

155 Weldon Parkway, Ste. 111 - Maryland Heights, MO 63043-3103 - 800-254-5354