



48 Harnett St. Asheville, NC 28806  
Phone: (828) 505-2328  
Fax: (828) 505-7367  
www.cherrytreebeads.com  
[kady@cherrytreebeads.com](mailto:kady@cherrytreebeads.com)

### Credit Card Authorization Form

In order for Cherry Tree Beads to accept and bill your credit card for trunk show purposes, please complete all fields below. Sign, date, and fax to (828) 505-7367. Please provide the following information as it pertains to your trunk show. All information kept on file is strictly confidential. For trunk show payments, checks are also accepted and should be sent back with the trunk show, or shortly thereafter.

Contact/Billing Information: (as shown on credit card)

Contact Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Dates of Show: \_\_\_\_\_

Call or email by \_\_\_\_\_ with any miscounts.

Last day to ship back \_\_\_\_\_

If beads and/or payment are not received by this date, your credit card will be charged for the full amount that is owed: \_\_\_\_\_

**This section to be filled out by Cherry Tree Beads.**

- I understand that the trunk show is to be returned by the above date or my credit card will be charged for the amount owed on the products sent. A credit card will not be charged unless permission is given or the above agreed dates are not met.

Credit Card Type:  Visa  MasterCard  Discover  American Express

Card Holder Name (as shown on credit card): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card Security Code: \_\_\_\_\_

Authorization:



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I hereby authorize Cherry Tree Beads to charge the above credit card. I agree that this a one time billing charge as indicated above. I will not dispute Cherry Tree Beads billing with my credit card issuer as long as the amount in question was for trunk show product rendered and not returned to Cherry Tree Beads prior to my cancelling my account in writing. I guarantee and warrant that I am the legal cardholder for this credit card and that I am legally authorized to enter into this billing agreement with Cherry Tree Beads.

Signature of Card Holder (Required): \_\_\_\_\_ Date: \_\_\_\_\_