



INDIA HANDICRAFTS, INC.

EST. 1986

CREDIT CARD AUTHORIZATION FORM

Please understand that this form must be signed and faxed back to INDIA HANDICRAFTS, INC. in order to process your order. We are unable to release any order without a completed CREDIT CARD AUTHORIZATION FORM on record. If you have any questions please contact us at 800.524.6766.

I AUTHORIZE INDIA HANDICRAFTS, INC. TO PROCESS CHARGES FOR:

CUSTOMER NAME: _____

CUSTOMER #: _____

CUSTOMER FAX: _____

- FOR ALL FUTURE ORDERS
MY CURRENT ORDER #
OTHER (Please specify)

Card Type: AMEX VISA MASTERCARD OTHER

Card Number: _____

Card Security Number: _____

Expiration Date: _____

Authorization Amount (\$): _____

Name on Card: _____

Card Billing Address: _____

Contact Phone Number: _____

I hereby certify that the above statements and information made in this application are true and correct to the best of my knowledge. I also certify that I am authorized to effect the charges to the above credit card number. I agree that in the event of a discrepancy in the account to notify the Corporate Credit Manager within seven (7) working days after the receipt of the credit card statement.

Authorized Signature: _____ Date: _____



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