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CREDIT CARD APPLICATION

DATE: _____

Customer Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

I hereby authorize **FANTASY DESIGNS AND EMBROIDERY** (FDE&S inc.) to use my credit card for purchases made from **FANTASY DESIGNS AND EMBROIDERY**. I understand that my credit card will be charged before goods will be released, and I agree all sales will be final.

Please Check One: VISA _____ MasterCard _____ Am EX _____

Credit Card Number _____ Expiration Date _____/_____/_____

Print Full Name as It appears On Card: _____

Card Member's Billing Address _____

Card Holder Signature: _____ 3-digit code _____

THE FOLLOWING PERSONS ARE AUTHORIZED TO USE THIS CREDIT CARD ON MY BEHALF:

I understand that I am obligated to notify **FANTASY DESIGNS AND EMBROIDERY** if there are any changes in the authorized users. I further understand and agree that my credit card account will be charged in the event the card is used by formerly authorized users, unless I notify **FANTASY DESIGNS**, in writing, of changes in the authorized users.