



Credit Card Authorization

Date: _____

FO #: _____

Circle type of Card: Amex MasterCard Visa

Card #: _____

Expiry Date: _____

Name on Card: _____

Payment Amount: _____

Circle Type of Transaction: Deposit Balance

I hereby authorize Barrymore Furniture Ltd. to charge the amount listed above and agree to pay the above total amount according to the card issuer's agreement.

X _____
Authorized Signature

*Please fill out this form completely and fax back to **Barrymore Furniture** at 416-533-6650.*