5601, Corporate Way, Suite 115 – West Palm Beach - FL – 33407 – Phone: 561.640.3554

CREDIT CARD AUTHORIZATION FORM

This transaction will be billed as Dea USA Inc. on your credit card. Please complete the form for our records.

I,_____, hereby authorize Dea USA Inc. to charge invoices due (on agreed terms) on the specified credit card listed below until further notice.

Date_____

Company Name_

Phone number _____

Name on Credit Card_____

Signature of card holder_____

Billing address for the credit card_____

_____

Credit card #_____

Expiration Date _____

Security Code # _____

Please email to Dea USA: customerservice@dealuxurylinens.com

THIS ACCOUNT INFORMATION WILL BE KEPT ON FILE UNLESS OTHERWISE REQUESTED.