

# ORIA

## One Time Credit Card Payment Authorization Form

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Full Name \_\_\_\_\_

Amount \$ \_\_\_\_\_

Date \_\_\_\_\_

Description of Authorized Purchase  
\_\_\_\_\_

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type:  Visa  MasterCard

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV2 (3 digit number on back of Visa/MC) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

*By placing my signature above, I hereby authorize The Oriental Rug Importers Association/ORIA Charitable Fund, to charge my credit card for the amount listed above. I understand that all sales and services are final, and no refunds will be given.*

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Please fax this completed authorization form with your signature back to  
The Oriental Rug Importers Association (ORIA) at  
(201) 866-6169.