



Credit Card Submission Form

Company Name _____

Cardholder Name _____

Cardholder Phone No. _____

Cardholder Fax No. _____

Type: American Express MasterCard Visa Diners Discover

Card Number _____

Expiration Date _____

Security Code _____

(Visa/MC, Diners & Discover is located on the back & AmEX is located on the front)

Statement Billing Address _____

City, State, Zip _____

Amount (U.S. Dollars) _____

Signature _____

Reason for charge Retail Store of the Year Design Competition

General Ledger Code _____

Please fax completed form to Marianne Wilson @ (212) 756-5279.