

# THE WHOLE BEAD SHOW INC<sup>®</sup>

## CREDIT CARD AUTHORIZATION FORM

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Phone Fax

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Credit card # Exp Date

By signing, I authorize The Whole Bead Show Inc<sup>®</sup> to keep my credit card on file for any charges incurred by me or my company.  
**All payments are non-refundable.**

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

\_\_\_\_\_  
Signature Date

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Post Office Box 1100 ♦ Nevada City CA 95959 ♦ (800) 292-2577 ♦ (530) 265-2776 fax  
info@wholebead.com ♦ www.wholebead.com

-----TWBSI Only-----  
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Date \_\_\_\_\_ By \_\_\_\_\_