

# CREDIT CARD INFORMATION

*Fax back to 617 244-9741*

This must accompany all orders

*or Mail to: Cordially Yours  
110 Oak Hill Street  
Newton, MA 02459*



NAME AS IT APPEARS ON CARD:	TYPE OF CARD	<input type="checkbox"/> Mastercard
		<input type="checkbox"/> Visa
BILLING ADDRESS OF CARDHOLDER:		<input type="checkbox"/> Discover
Street:		<input type="checkbox"/> American Express
City:                      State:                      Zip:	TODAY'S DATE	
#(        ) (        ) (        ) (        )		
EXPIRES        /		
3 Digit code on Right signature panel	<input type="text"/>	
(On the reverse of your credit card)		

I hereby authorize Cordially Yours to charge my credit card for the enclosed order at the posted prices plus the shipping charges.

\_\_\_\_\_  
Signature of Cardholder