



P.O. BOX 11045  
RICHMOND, VA 23230-1045

(804) 353-8965  
(800) 446-2791  
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## Authorization for Credit Card Payment

### **No discount** when paying by Credit Card

The undersigned authorizes Eastern Sleep Products, dba Symbol Mattress, to charge the Credit card listed below for goods deliver to \_\_\_\_\_

Symbol Mattress Customer Number: \_\_\_\_\_

Credit Card Type (circle one):

Visa      MasterCard      American Express      Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_      Security Code \_\_\_\_\_

Name on the Card: \_\_\_\_\_

Billing Address of the Card: \_\_\_\_\_  
\_\_\_\_\_

Amount to charge: \_\_\_\_\_

Emailed Receipt address \_\_\_\_\_

I understand that the charges will be added to my credit card when order placed, and that **no payment discounts** will be allowed.

By: \_\_\_\_\_  
(Signature)