



3303 John F Donnelly Dr
Holland MI 49424
Ph: 616.399.3300
Fx: 616.399.3679
info@windowsbywatersedge.com

To process orders we need the following Credit Card Information listed below completed. Please print clearly when filling out the form.

Credit Card Information:

Name on Card as it Appears: _____

Company Name on Card as it Appears: _____

Circle: VISA MASTERCARD DISCOVER

Credit Card Number _____ - _____ - _____ - _____

Expiration Date: ____/____

3 Digit Security Code on back of Credit Card: _____

Credit Card Billing Address:

Address: _____

City: _____

State/Provenance: _____

Postal Code: _____

Email Address (Receipt sent to): _____

PERSONS AUTHORIZED TO USE THIS CARD (Other than Card Holder):

1. _____

2. _____

3. _____

Signature of Card Holder: _____

- Check this box if you want Waters Edge Blinds and Window Treatments, LLC, to keep charging this Credit Card for ALL FUTURE ORDERS. If you check this box, you are authorizing Waters Edge Blinds and Window Treatments, LLC, to continually charge this Credit Card for Payment in Full for all future orders. To discontinue use by Waters Edge Blinds and Window Treatments, a written statement needs to be faxed or emailed to us expressing the desire for Waters Edge Blinds and Window Treatments to discontinue use of this Credit Card.

Failure to fill in all information required on this form will result in a delay of product