



fashiongroup

**FT Fashion Group**

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**CREDIT CARD INFORMATION**

Card Type:

Card Number:

Expiration Date:

**CUSTOMER BILLING INFORMATION**

As it appears on the credit card/billing statement

First Name:

Last Name:

Company Name:

Street Address:

City:

State:

Zip Code:

Phone No:

Company &/or Individual Name

Signed Name / Title

Date

Printed Name

I certify that I am an authorized representative of the Company indicated above and that I have the authority to enter into this agreement on the Company's behalf. Company understands that this authorization will remain in effect until it is canceled in writing, and agrees to notify FT Fashion Group in writing at least 15 days in advance of any changes in its account information or termination of this authorization.

By signing above, I hereby authorize FT Fashion Group to maintain a record of my credit card information and to charge my credit card for the services ordered by myself or by others, either in writing, by telephone, fax or email.

I understand this credit card will be charged for each product and service that is purchased from FT Fashion Group