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CHARGE AUTHORIZATION FORM

Please fill out all parts of this form and fax to (808) 735-9587, or mail to our address above. Mahalo!

Note: Please fill out areas using the exact information found on your credit card billing statement.

TODAY'S DATE: _____

FIRST NAME: _____ M.I.: _____

LAST NAME: _____ PHONE #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CARD TYPE: _____ MASTERCARD _____ VISA

CARD #: _____ EXP. DATE: _____

SIGNATURE: _____

ORDER INFORMATION:

CATALOG OR PATTERN CATEGORY: _____ ITEM NUMBER: _____

YARDAGE / AMOUNT: _____