

Taos Valley Wool Mill
CREDIT CARD AUTHORIZATION

VISA, MasterCard _____ - _____ - _____ - _____

Expiration Date _____

Name on Card: _____

Mailing Address of Credit Card:

Street/PO Box _____

City _____ State _____ Zip _____

Signature: _____

Please print and fill out and mail this form to us when paying by credit card
