



Date Issued: \_\_\_\_\_

## Customer Credit Card Authorization

I authorize IKEA \_\_\_\_\_ to process a charge on the credit card listed below. I have been notified of the total amount of these purchases, as detailed below, and I further agree to make payment, based on the terms of the issuing bank. I acknowledge that I have received a copy of this authorization, including the IKEA return policy, and agree to the terms.

Customer's Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(obtain prior to sale)

Customer's Name: \_\_\_\_\_  
(As it appears on the card)

Customer's Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Customer's Phone Number(s): \_\_\_\_\_ Cell: \_\_\_\_\_

Customer's **Billing** Zip Code: \_\_\_\_\_

Type of Card: \_\_\_ Visa \_\_\_ MasterCard \_\_\_ AMEX \_\_\_ Discover \_\_\_ IKEA credit card

Last four digits of the credit card: \_\_\_\_\_ Card Expiration Date: \_\_\_/\_\_\_

**Charges:** Merchandise: \_\_\_\_\_ Shipping/Handling: \_\_\_\_\_

Sales Tax: \_\_\_\_\_ Delivery Fee: \_\_\_\_\_

Total Expected Charges: \_\_\_\_\_

### **IKEA Returns Policy:**

If you are not entirely satisfied with your purchase, simply return the unused item in its original packaging within 90 days unless noted below. A receipt is required for all returns and exchanges. Refunds will be issued to the same method of payment as the original payment. I.e. A purchase made with a credit card: a refund will be issued to the original credit card account.

Mattresses: "Love it or Exchange it". You may exchange your mattress once within 90 days if you don't love it. Return your mattress with your receipt to the store and select your new mattress. We are unable to exchange your mattress if your merchandise is found to be dirty, stained, damaged or abused.

Sorry, we cannot accept returns on used bedding (linens, comforters, pillows, and pillow tops), cut fabric, products from the As-Is department, and custom countertops.

### **Please Note:**

You will also be required to present a valid photo ID for all returns and exchanges made in the store. Information from your ID will be retained in a company-wide database to be used only for authorizing returns.

IKEA Co-worker's Name: \_\_\_\_\_ IKEA Manager: \_\_\_\_\_ Dept: \_\_\_\_\_

### **For Cash Office Use Only - Final Receipt Information:**

Store #: \_\_\_\_\_ Register #: \_\_\_\_\_ Trans #: \_\_\_\_\_ Cashier #: \_\_\_\_\_

Date Processed: \_\_\_\_\_ Transaction Amount: \_\_\_\_\_

- This page is to be submitted to the cash office and kept with the cash reconciliation.
- A copy of this form should be kept with the transaction records in the originating department.