



CREDIT CARD PAYMENT Authorization Form

PLEASE FILL OUT THIS FORM AND FAX BACK ALONG WITH YOUR SIGNED ORDER CONFIRMATION.

[Your order will NOT be processed until this information is received.]

Type of Card:



Name as it appears on the credit card: _____

Billing address of the credit card (address where the credit card statement is received)

City: _____ State: _____ Zip: _____

Credit Card Number: _____

Expiration: _____ Security Code: _____
mm / yy

Visa/MC - 3 digits on back
Am Express - 4 digits on front

Telephone Number: _____ Fax: _____

Cell: _____

Email: _____

Shipping address (address where the products will be installed):

City: _____ State: _____ Zip: _____

By signing the form below, I am authorizing for the total amount of invoice/estimate # _____

or \$ _____ to be charged to the credit card listed above.

Authorized signature: _____ Date: _____