

CREDIT CARD AUTHORIZATION FORM

Instructions: 1. Complete the form. 2. Sign where indicated. 3. Submit by mail or fax <u>with a copy of your Specialist Contractor listing form.</u>	Submit To: Contractor Specialist Engrave-A-Crete 4693 19 th Street Court East Bradenton, FL 34203 Fax: 941-744-2600 Phone: 941-744-2400
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Cardholder Name: _____

E-mail Address: _____

Daytime Telephone: _____

I authorize a charge against my credit card in the following amount: \$ _____

Credit Card (choose one) MasterCard Visa Discover American Express

Card Number: _____

Expiration Date: _____ V-Code (3 Digit Code from Back of Card) _____

Billing Address: (where credit card statements are sent)

Cardholder Signature

Date

As the credit card holder, I also authorize Engrave-A-Crete, Inc. to charge my credit card for future purchases verbally approved by me.

Authorization valid Until: ____/____/____

Initials Here: _____

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. Engrave-A-Crete, Inc. will keep all information entered on this form strictly confidential.