

## Credit Cards will incur a 3% surcharge fee. Debit Cards are not surcharged

## **Authorization for Credit Card Use**

## PRINT AND COMPLETE THIS AUTHRORIZATION AND RETURN

All Information will remain confidential

Quote or Order#*	*(For one time use)			
*For COD - *Account No	ame:		*Acct	· #
Name on Card:				
Card holders Phone Nu	mber:			
Credit Card Type:	Visa	_MasterCard	Discover	AmEx Credit
Card Number:				
Expiration Date:/				
Card Identification Num	nber:	(last 3 digits locat	ed on the back of	the credit card)
Amount to Charge* \$		(*leave blank if you want to leave this on file)		
(Please initial) I credit card indicated aOne-time chaAuthorize MRAuthorize MR	<b>bove</b> . arge only S to keep or	n file for future ap	oproved paymer	
I certify that I am the au	ıthorized hol	lder and signer c	of the credit card	referenced above
I certify that all informat	ion above is	s complete and	accurate.	
Signature:			_	
Date:				
Print Name:				
***Please attach pictu This form must be			_	-

Branch Manager: \_\_\_\_\_ Approval Date: \_\_\_\_