

CREDIT CARD  
AUTHORIZATION FORM



CABINET DOORS AND DRAWERS

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: \_\_\_\_\_