



Credit Card Authorization Form

Company Name: _____
Print Name of Card Holder: _____
Billing Address: _____
City & Zip Code: _____
Phone Number with Area Code: _____
Email Address: _____

VISA M/C AMEX DISCOVER

Card Number (last four digits): _____
Expiration Date: _____ Security Code: _____

Billing Zip Code for this card: _____

Please supply a list of names of those authorized to place orders and charge on your card

1 _____
2 _____
3 _____

I authorize Invoice #: _____ in the amount of: _____
to be charged to the above credit card without signature on the invoice

I understand that this is a special order and is not refundable

Keep on file for all charges- I authorize Contractor Express to charge the above listed credit card and to accept verbal and telephone orders, without any signature, from myself and any authorized signers on my account.

_____ X _____

Signature of Card Holder

Date

Please e-mail to your sales representative or fax form to 516 536-4743 and call 516 764-0388 to provide full credit card number. Please provide copy of Driver's License.