

15 kensico Drive • Mount Kisco, NY 10549 • (800) 244-5432 Phone • (914) 244-9210 FAX

## CREDIT CARD AUTHORIZATION FORM (Visa / Mastercard)

Date: \_\_\_\_\_ Quote #: \_\_\_\_\_ (attach copy of quote)

Cardholder's Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX or Email: \_\_\_\_\_

Card Type:      Master Card       Visa

Card Number: \_\_\_\_\_

Expiration Date: (MM/YY) \_\_\_\_ / \_\_\_\_      CVS: \_\_\_\_

Deposit amount will be charged now. Balance amount will be charged to same card upon installation, deliver or shipping.

Deposit: \$ \_\_\_\_\_ Balance: \$ \_\_\_\_\_

I agree to pay the above total amount according to my card issuer agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please FAX signed authorization to (914) 244-9210**

=====OFFICE USE ONLY:=====

JOB/INVOICE #: \_\_\_\_\_

DEPOSIT: \$ _____	BALANCE: \$ _____	CHARGE DATE: _____
DATE: _____	PRIOR AUTH DATE: _____	AUTH #: _____
AUTH #: _____	AUTH #: _____	CR #: _____
CR #: _____		