



SALESMAN:

CREDIT CARD AUTHORIZATION

NAME AS APPEARS ON CARD:

I, _____, authorize A-1 Doors & Mouldings Ltd. to charge my credit card as per the details anamount shown below.

MAILING ADDRESS:

PRIMARY CONTACT NUMBER:

CREDIT CARD TYPE: VISA MASTERCARD

CREDIT CARD NUMBER:

EXPIRY DATE (MM/YY):

TRANSACTION AMOUNT:

SIGNATURE OF CARDHOLDER:

JOBSITE ADDRESS:

CUSTOMER ACCOUNT NUMBER:

ORDER CONFIRMATION NUMBER (IF APPLICABLE):

INVOICE NUMBER (IF APPLICABLE):

The cardholder will pay to the issuer of the charge card presented verbally and confirmed by the way of the above signature the amount stated heron in accordance with the issuer's agreement with the cardholder.

Please fax completed form to 604-591-1044 or email the form to gurminder@a1doors.ca

Thank you for your payment.

