

GREENCASTLE CABINETRY

1418 Potrero Ave South El Monte, CA 91733 | Tel: (626) 575-8226 Fax: (626) 575-8225

ATTENTION:

Credit Card Payment Authorization Form

By signing this form you give Greencastle Cabinetry permission to debit the account for the amount indicated on or after the indicated date. This form will be kept on file to charge future order(s) unless you terminate this authorization by notifying your sales representative.

Please complete the information below:

I _____, authorize _____ to
(Full name/Business Name)

charge my credit card account indicated below for the amount of \$ _____ on
(total amount)

or after ____/____/____.
(date)

This payment is for _____.
(put quote, sales order or invoice number(s))

Billing address _____

Phone Number _____

City, State & Zip _____

Email _____

American Express and Discover Cards are
subject to 3% Processing Fee

Account Type:



(Please check card type)

☐☐☐☐

Cardholder Name (as appears on front of card): _____

Card Number: _____

Expiration Date: _____ CVV Number: _____

(3 digits on back of card (Visa/MC) 4 digits on front of AMEX)

***SIGNATURE** _____ **DATE** _____

I authorize _____ to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the order number(s) described above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.