

GILA CABINET & STONE CENTER

4615 W McDowell Rd. #103, Phoenix, AZ 85035

Tel: 602-888-6666 Email: sales@gilacs.com

CREDIT CARD AUTHORIZATION FORM

Please print and complete this authorization and return to us.

All information will remain confidential.

I, _____ (card holder) from _____ (Your company name) authorize Gila Cabinet & Stone Center to charge the agreement amount list below to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Card Holder Print Name _____

Amount to charge: \$ _____ (USD) (S.O. # _____) (Estimate # _____)

Credit Card Type: _____ Visa / _____ Master Card / _____ Discover

Credit Card Number: _____

Card Identification Number (Last three digits located on the back) _____

Expiration Date: _____

Card Holder Contact Number: _____

Billing Address: _____ City _____ State _____

ZIP Code: _____

*** Once signed, please return the complete form to Gila Cabinet & Stone Center by Email: sales@gilacs.com

Notes:

This form is an authorization issued to Gila Cabinet & Stone Center. Gila Cabinet & Stone Center is authorized to use this form to charge purchase materials for _____ (Your Company Name) for which including any verbal authorization without any written form.

Card Holder Signature: _____ **Date:** _____