



CREDIT CARD AUTHORIZATION

1.5% SURCHARGE added to total

COMPLETE FORM IN ENTIRETY FOR PROCESSING

NAME ON CARD: _____

COMPANY NAME: _____

CARD TYPE: VISA MASTERCARD

CREDIT CARD NR: _____ EXP. DATE: _____ CVV: _____

BILLING ADDRESS of Credit Card _____

PHONE NUMBER of Card Holder (_____) - _____

INVOICE NUMBER _____ DATE _____

INVOICE AMOUNT \$ _____

1.5% SURCHARGE \$ _____

TOTAL AMOUNT CHARGED \$ _____

One time Charge

Keep on file for future purchases

I, _____ give my authorization to "Quality Wood Floors, In to charge my credit card.

SIGNATURE: _____ DATE: _____

501 N. 37th Dr. Suite 108, PHOENIX, AZ 85009

TEL: 623-594-5999 FAX: 623-445-1996