

CREDIT CARD AUTHORIZATION

1.5% SURCHARGE added to total

COMPLETE FO	ORM 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	<u>\$</u>	
1.5% SURCHARGE	<u>\$</u>	
TOTAL AMOUNT CHARGED	<u>\$</u>	
One time Charge Keep on file for future purchases		
I, give card.	my authorization to "Quality Wood Floors, In to charge my credit	
SIGNATURE:	DATE:	

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

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