

Credit Card Authorization Form

Please note that there is a 2.5% CC fee added for all CC transactions, as indicated on your invoice (per transaction if making deposit).

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.
All information will remain confidential.

Cardholder Name: _____ Ph # _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____

Credit Card #: _____ Exp Date: _____

Card Identification # (last 3 digits on the back of the credit card): _____

Charge Amount \$ _____ Per Invoice # _____ (USD) PLUS Fee of 2.5% before tax

OR Deposit Amount \$ _____ Per Invoice # _____ (USD) PLUS fee of 2.5% before tax

I authorize BEAVER OVERHEAD DOOR to charge the agreed amount listed above (plus CC fee) to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – **Please** ***Sign Name, Print Name, & Date Below:***

Signed: _____

Dated: _____

Name: _____

Once signed, return completed form to Accounts Receivable:

Via email ruby.htgd@gmail.com

Or Fax it to 505-566-1723

Thank you for your business!!!