

GIRARD GLASS

2350 E. 37th Street

Los Angeles, CA 90058

323 588-3231 323 588-0180/fax

CREDIT CARD AUTHORIZATION FORM

DATE: _____

INVOICE: _____

Cardholder Name: _____

Credit Card Visa MasterCard American Express

Card Number: _____

Expiration Date: _____ CVV Number _____ (3-4 Digit security Code)

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

I authorize Girard Glass Corp to charge my credit card in the amount of:

\$ _____ dollars

Signature: _____

Printed Name: _____