

## CREDIT CARD AUTHORIZATION FORM

Company Name: \_\_\_\_\_

Customer Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name on card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

By signing this Credit Card Authorization Form, you are authorizing Arizona Shower Door to charge your credit card for current transactions or any outstanding balance due according to the terms of our agreement. Please ensure that the information provided is accurate and up-to-date.

If you have any questions or concerns regarding this authorization, please contact us before signing.

Thank you for your cooperation.

Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_