

STRONG TEMPERING GLASS INDUSTRY LLC



530 63rd Street

Brooklyn, NY 11220

Tel: 718-765-0007

Fax: 718-765-0899

E-mail: strongtemperingglass@hotmail.com

Web: <https://strongtemperingglass.com>

CREDIT CARD BILLING INFORMATION

All information will remain confidential

I authorize Strong Tempering Glass to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Credit Card Type: ___ Visa ___ MC ___ DISCOV ___ AMEX

Credit Card#: _____

Exp. Date: _____ Code: _____

Name on Card: _____

Company Name: _____

Billing Address: _____

Amount to Charge: \$ _____ (USD)

Phone Number: _____

Signature: _____ Date: _____

*****Please print out and complete this authorization and return to us with credit card front/back copy & ID copy.**



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