

# STRONG TEMPERING GLASS INDUSTRY LLC



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## CREDIT CARD BILLING INFORMATION

All information will remain confidential

By signing below, I authorize Strong Tempering Glass Industry LLC to keep my signature and my credit card information securely on-file in my account. I authorize Strong Tempering Glass Industry LLC to charge my credit card for any outstanding balances when due.

Credit Card Type: \_\_\_ Visa \_\_\_ MC \_\_\_ Discover \_\_\_ Amex

Credit Card#: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_

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

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