



Credit Card Authorization Form

Customer Name:

Name on Credit Card:

Billing Address:

City

State

Zip

Credit Card Type Visa Mastercard Discover

Credit Card Number

Expiration

CVV #

Amount to Charge

I authorize Thermalsun Glass Products, Inc. to charge the agreed upon 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.

Signed:

Name

Date: