



AUTHORIZATION FOR CREDIT CARD CHARGE

Customer Information (Please print)

Customer Name: _____ *Contact Person:* _____

Address: _____ *Phone:* _____

City: _____ *State:* _____ *Zip:* _____ *Fax:* _____

Invoice: _____ *Email:* _____

Credit Card Information:

American Express Discover Master Card Visa

Credit Card Number: _____ *Exp Date:* _____

Credit Card billing Information:

Cardholder Name: _____ *Phone:* _____

Address: _____ *Fax:* _____

City: _____ *State:* _____ *Zip:* _____ *Email:* _____

Authorize Signature: _____ **Date:** _____

Credit card payments are subject to a 3% convenience fee.
I authorize Coral Reef Plumbing Inc. hereinafter called Company to initiate charges to the credit card account indicated above. I understand that only the company will have access to my credit card account information. By signing this portion of the form, I authorize the company to initiate a charge of the named account.
This authority is to remain in full force and effect until the company has received written notice of its termination in such time and manner as to afford a reasonable opportunity to act upon the notice. I (we) understand I (we) have the legal right to stop payment of a charge entry by notification to the Company in such time and manner as to afford a reasonable opportunity for the Company to act prior to charging the account.

 Please return form by Mail, Fax or Email to the above address.