RECURRING CREDIT CARD CHARGE AUTHORIZATION FORM

PLEASE PRINT ALL INFORMATION

BILLING INFORMATION (AS II	APPEARS ON TOUR	K CARD)	
NAME:			
ADDRESS:			
CITY:	STATE:	ZIP CODE:	_
PHONE NUMBER:		EMAIL:	_
CREDIT CARD INFORMATION			
AMOUNT TO BE CHARGED: _			_
CREDIT CARD NUMBER:		CCV:	_
EXPIRATION DATE (MM/YY) : _	/		
		horize M & D Brookville, LLC* to cl	
•		e for the amount listed above, on t	
-	_	ee that I will pay for this purchase in	1
accordance with the issuing	bank's cardholder	agreement. I further agree not to	
dispute any portion of this cl	harge for any reaso	on.	
SIGNED:			
PRINTED NAME:			
DATE:			

^{*} It is understood that my credit card statement for this particular charge may say M & D Brookville, Irvin Kahn & Son, Inc. or Floors To Your Home.