



## CREDIT CARD AUTHORIZATION FORM

Please complete and fax to # \_\_\_\_\_

Attn: \_\_\_\_\_ Date: \_\_\_\_\_

EMAIL: \_\_\_\_\_ Amount: \_\_\_\_\_

CARD TYPE:    Master Card        AMEX        Visa        Discover        (PLEASE CIRCLE ONE)

Card # \_\_\_\_\_

V CODE # (FOUND ON BACK OF CARD): \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

CARDHOLDER'S NAME: \_\_\_\_\_

CARDHOLDER BILLING ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

By my Signature below, I  as the above cardholder, authorize Garden State Tile to charge my account with the above credit card number. This charge will pay for the following invoice/order #'s:

Or #/Inv#: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_