

15 kensico Drive • Mount Kisco, NY 10549 • (800) 244-5432 Phone • (914) 244-9210 FAX

CREDIT CARD AUTHORIZATION FORM (Visa / Mastercard)

Date: _____ Quote #: _____ (attach copy of quote)

Cardholder's Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ FAX or Email: _____

Card Type:	Master Card <input type="checkbox"/>	Visa <input type="checkbox"/>
Card Number:	_____	
Expiration Date: (MM/YY)	____ / ____	CVS: ____

Deposit amount will be charged now. Balance amount will be charged to same card upon installation, deliver or shipping.	
Deposit: \$ _____	Balance: \$ _____
I agree to pay the above total amount according to my card issuer agreement.	
Signature: _____	Date: _____

Please FAX signed authorization to (914) 244-9210

=====OFFICE USE ONLY:=====

JOB/INVOICE #: _____

DEPOSIT: \$ _____	BALANCE: \$ _____	CHARGE DATE: _____
DATE: _____	PRIOR AUTH DATE: _____	AUTH #: _____
AUTH #: _____	AUTH #: _____	CR #: _____
CR #: _____		