MAYFAIR CABINET AND STONE

5911 Schaefer Avenue, Chino, CA 91710

Tel: 909 476 7698 | Email: info@mayfaircs.com

CREDIT CARD AUTHORIZATION FORM

Please print and complete this authorization and return to us.

All information will remain confidential.

I, _____ (card holder) from _____ (Your company name) authorize Mayfair Cabinet and Stone to charge the agreement amount listed below to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Card Holder Print Name: _____

Amount to charge: $ _____ (USD) **S.O. # :** _____

Estimate #:_____

Credit Card Type: [ ] Visa / [ ] Master Card

Credit Card Number: _____

Card Identification Number: _____ *(Last three digits located on the back)*

Expiration Date: _____

Card Holder Contact Number: _____

Billing Address: _____

City: _____ **State:** _____ **ZIP Code:** _____

****Once signed, please return the complete form to Mayfair Cabinet and Stone by Email: info@mayfaircs.com*

Notes:

This form is an authorization issued to Mayfair Cabinet & Stone. Mayfair Cabinet & Stone is authorized to use this form to charge purchase materials for _____ (Your Company Name) for which including any verbal authorization without any written form.

Card Holder Signature: _____ **Date:**_____