|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Completing this form authorizes the use of a credit card as payment for outstanding invoices at Alpine Door & Trim. Please provide us the following information and return to us by fax at (310) 212-6525. If you would like to keep this card on file, be sure to check the appropriate box below, otherwise it will be used *only* for the invoice indicated below. This form must be completed in its entirety and must be legible to be considered valid. Incomplete or illegible forms will *not* be accepted. All information will be kept in strict confidence. Thank you for your cooperation, if you have any questions or require anything additional in this regard, please contact us at (310) 212-6152. | | | | | | | | | | |
|  | | | | |  |  | | | | |
| Client/Company Name | | | | |  | Person Completing This Form | | | | |
|  | |  | |  | | | | |  |  |
| Address | | Suite | | City | | | | | State | Zip Code |
|  | | | | |  |  | | | | |
| Phone No. | | | | |  | Fax No. | | | | |
|  | | | | |  |  | | | | |
| Contact I | | | | |  | Contact II | | | | |
| Visa or Mastercard ONLY (circle one) | | | | |  |  | | | | |
| Type of Credit Card | | | | |  | Name as it Appears on Credit Card | | | | |
|  | |  | |  | | | | |  |  |
| Billing Address of Cardholder | | Suite No. | | City | | | | | State | Zip Code |
|  | |  | / | |  |  |  |  | | | |
| Credit Card No. | | Expiration | |  | CVC# |  |  | | | |
|  | | | | |  |  | | | | |
| Cardholder Phone No. | | | | |  | Cardholder Fax No. | | | | |
|  | |  | / / | |  |  | | | | |
| Signature of Cardholder | |  | Date Signed | |  |  | | | | |
| Card Holder Use Only | | | | | | | | | | |
|  | Check this box if cardholder is to be the only person authorized to order and or charge to the above referenced credit card. If box is not checked and there are no additional authorized personnel or special instructions indicated to the right, anyone ordering under client/company name will be authorized to charge to this credit card. | | | |  |  | | | | |
|  | Additional Authorized Personnel | | | | |
| Special Instructions: | | | | |
|  | | | | |
|  | | | | |
| Keep this Credit Card on File at Alpine Door & Trim | | | | |  |  | | | | |
|  | Check this box only if credit card is to be kept on file at Alpine Door & Trim. (Invoice information below does not need to be completed if credit card is to be kept on file at Alpine Door & Trim.) | | | |  |  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |  |  | | | | |
| Invoice No.(s) | | | | |  | Total to be Charged to Credit Card | | | | |

2.8% processing fee applies to all remote credit card transactions.

Please come to our office to physically swipe your card through our machine to avoid this processing fee. Thank you.