



CREDIT CARD PAYMENT AUTHORIZATION FORM

We accept Visa and MasterCard only

To: _____ **Fax#:** _____

From: _____ **Date:** _____

This form, when signed, authorizes Architectural Foamstone, Inc. to use your credit card number to complete a transaction, via fax, as per your phone request. No phone orders will be processed until this form is completely filled out and authorized by a manager.

❖ **THERE ARE NO RETURNS ON CUT FOAM** ❖

Bill to:	
Customer Name _____	Invoice/Work Order # _____
Address _____	
_____	_____
Customer Phone # _____	Person authorized to pick up order (ID required)
Credit Card # _____	
Card Type _____	Ship/Deliver to
Expiration Date _____ Year _____	Name _____
	Address _____
Verification code _____	Contact # _____
Bank phone # _____	
Authorized Amount \$ _____	
Authorized Signature _____	<i>Please fax back to (818) 767-4505</i>
	<i>Thank you for your business!</i>
Printed Name _____	Info@Foamstone.com
Date _____	

