

# TOP DRAWER CABINETRY

1831 W Rose Ln. STE 10, Phoenix, AZ 85027

Tel: 602-920-4005 Email: info@tdcabinetry.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 Gila Cabinet & Stone Center to charge the agreement amount list 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 / \_\_\_\_\_ Discover

**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 Gila Cabinet & Stone Center by Email: [sales@gilacs.com](mailto:sales@gilacs.com)

### Notes:

**This form is an authorization issued to Top Drawer Cabinetry. Top Drawer Cabinetry 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:** \_\_\_\_\_