



Credit Card Payment Authorization Form

Sign and complete this form to authorize Architectural Louvers to make a debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated.

Please complete the information below:

I,

_____, authorize Architectural Louvers to charge my credit card for
(full name as indicated on the card)

_____. This payment is for products to be shipped to me per quote number
(amount)

_____.
(quote number)

Card Billing Address _____

City _____ State _____ Zip _____ Phone# _____

Email _____

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Cardholder Name _____
Account Number _____
Expiration Date _____
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.