Phone 800-777-0969 Local 718-204-9088 Fax 718-777-5210

Credit Card Authorization Form

PLEASE COMPLETE THIS AUTHORIZATION AND RETURN TO US WITH A COPY

OF YOUR DRIVERS LICENSE AND FRONT & BACK OF CREDIT CARD

All information will remain confidential.

Cardholder Name:				_
Billing Address:				
Shipping Address:				_
- Credit Card Type:	Visa	Mastercard	Discover	— AmFy
Credit Card Number: Expiration Date:		Muster cur u		AIIICX
Card Identification No. (locard):	ast Three/Four (digits located on the b	oack/front of the	credit
Order No	Amount to Charge: \$		(US	5D)
I authorize Builders Depo credit card provided here issuing bank cardholder ag	in. I agree that :			
Cardholder – Print Name,	Sign and Date B	elow:		
Signed:				
Dated:				
Print Name:				