

Credit Card Authorization Form

Please fax / email the completed and signed form **ONLY** to A/R at **305-651-1898**
accounting@artisticpavers.com

Include a photocopy of the front and back of the signed credit card

Company Name: _____

I, _____ herewith authorize Artistic Paver Mfg., Corp to charge all purchases to my Credit Card account beginning on: ____/____/____ (date).

I am aware that I will receive a copy of the charge slips and that these slips will act as my record for the transactions.

I will notify Artistic Paver Mfg., Corp in writing of any changes in this authorization.

Circle Card Type: VISA M/C AMEX DISCOVER

Credit Card #: ____ - ____ - ____ - ____

Expiration Date: ____ / ____

Validation Code (3 digit on back): ____

Name as appears on card: _____

Company name on card (if applicable): _____

Credit Card billing address:

Cardholder's Signature: _____ **Date:** _____

Contact Name: _____

Contact Phone: _____ Ext: _____

Your completion of this authorization form helps us to protect you, our valued customer, from credit card fraud.
All information entered on this form will be kept strictly confidential by Artistic Paver Mfg., Corp.



Artistic Paver Mfg., Corp
Artistic Paver Mfg. Phoenix, Inc