

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: _____

Sales Order No: _____ Date: _____

I, _____, hereby authorize Artistic Paver Mfg. Corp
to charge my credit card in the amount of \$_____ (include shipping and/or taxes,
if applicable).

As the credit card holder, I also authorize Artistic Paver Mfg. Corp to charge my credit card for future
purchases verbally (or written) approved by me.
I am aware that I will receive a copy of the charge slip and that this slip will act as my record for the
transaction.

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): _____

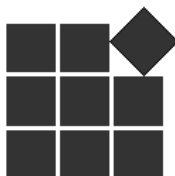
Credit Card billing address: _____

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