



40442 Koppnick Rd., Canton, MI 48187  
Phone: 734-207-9700, Fax: 734-207-7995

CREDIT CARD AUTHORIZATION FORM

Credit Card Billing Information

Card Type:  Visa  Master Card  American Express  Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Verification Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Bill to Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Ship to Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Transaction Amount Information

Quote Number: \_\_\_\_\_

Total Amount of Invoice: \_\_\_\_\_ Transaction Amount: \_\_\_\_\_

Amount of Deposit (1st Half): \_\_\_\_\_ Amount of Balance Due (2nd Half): \_\_\_\_\_

**Deposit amount charged upon receipt of order.**

**Balance charged prior to shipping**

Card Holder Signature: X \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only

		Transaction #1	Transaction #2
Job Name:	_____	Transaction Date:	_____
Cust Number:	_____	Approval Number:	_____
Job Number:	_____	Submitted By:	_____
Project Mgr:	_____	Good Batch No.:	_____
Sales Person:	_____		