



**CABINETS
& STONE**

18315 Mt. Baldy Cir., Fountain Valley, CA 92708
Tel. 714-500-3855 Fax. 714-500-3854
Email: 405cs@405cs.com

Credit Card Authorization Form

Please complete this authorization and fax to 714-500-3854. Thank you.

Cardholder Name: _____

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Cardholder Phone #: _____

Cardholder Driver's License #: _____

Card Type: _____ Visa _____ Mastercard _____ Discover _____ American Express

Card #: _____

Expiration Date: _____

Card Verification #: _____ (Last 3 digits on the back of the credit card)

Amount to Charge: \$ _____ (USD) Invoice #: _____

I authorize "405 Cabinets & Stone" to charge the agreed amount listed to my credit card provided herein. 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. I understand that if the order is to be cancelled or returned, a 3% processing fee will be deducted from any credits.

Signature: _____

Date: _____

PLEASE FAX A COPY OF YOUR CREDIT CARD (FRONT & BACK) AND DRIVER'S LICENSE