



# CREDIT CARD AUTHORIZATION

Company Name:   
Phone Number:   
Email:

Invoice/Order number:   
Amount:   
Card Type:  VISA  Master Card  
 Discover  Union Pay  
Other   
Name:   
Card Number:   
Exp Date:  CVC Code:   
Billing Phone Numer:   
Billing Address:   
City  State   
Zip Code

If you would like to charge a purchase to your credit card please:  
Print our the form and completely fill out the this form. Sign the form and FAX it to:  
**+1(510)225-6888** or Email to: [sales@alicecabinetry.com](mailto:sales@alicecabinetry.com)

Print Name :  Title :   
Signature:  Date: