

AA CABINETRY INC.

18450 E. Gale Ave. City of Industry, CA 91748

Tel: 626-965-2180 Fax: 626-810-5919

Email: info_aacabinetry@yahoo.com

CREDIT CARD AUTHORIZATION FORM

Please print out and complete this authorization and return to us.

All information will remain confidential

I, _____ (card holder) from _____

(Your company name) Authorize AA Cabinetry Inc. to charge the agreement amount list below to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Card Holder Print Name _____

Amount to charge: \$ _____ (USD) (S.O. # _____) (Estimate # _____)

Credit Card Type: _____ Visa, _____ Master Card, _____ Discover, _____

Credit Card Number: _____

Card Identification Number (Last three digit located on the back) _____.

Expiration Date: _____

Billing Address: _____

City _____ State _____ **ZIP Code:** _____

Card Holder Signature: _____ Date: _____

*** Once signed, please return the complete form to AA Cabinetry Inc. by **Fax: 626-810-5919**

Notes:

This form is a blank authorization issued to AA Cabinetry. AA Cabinetry Inc. is authorized to use this form to charge materials for _____ (Your Company Name) for any future purchase order which including any verbal authorization without any written form.

Card Holder Signature: _____ **Date:** _____