JARLIN CABINETRY
2551 SW 39th St Suite 100, Fort Lauderdale, FL 33312
PH: 954-688-4084 FAX: 954-272-7777

Date:_____

CREDIT CARD AUTHORIZATION FORM

Company Information

LEGAL NAME OF BUSINESS OR INDIVIDUAL AUTHORIZING CHARGE (If corporation, list full corporation name).

Physical Business Street Address (No P.O. Boxes)

City | State | Zip

Business Phone | Fax No.

Credit Card Information

☐ **VISA** ☐ **MASTERCARD** ☐ **DISCOVER**

☐ **One time charge only** ☐ **Save for future use**

Credit Card Number | **Exp Date:** ___/___ m/y | ***CVV#** ___-___-___ 3 digit # on the back of credit card

Name, *exactly* as it appears on your card: | Invoice # | $ Amount

Street | City / State | Zip

Mailing Address on File with Credit Card Company (If you are unsure please call your Credit Card Company).
If this address is not correct, it will delay the shipment of your merchandise.

********** **Important** **********

If you are authorizing payment for another individual's order(s) using your credit card, please use this authorization form. List the names of each individual that you are authorizing to use your credit card as payment for merchandise. All other individuals are restricted from using your credit card for payment.

Authorized User #1: _____

Authorized User #2: _____

The undersigned hereby declares that the credit information listed above is true, accurate and belongs to the person as stated and authorization is hereby given to the above named individuals to use this card for purchases from Jarlin Cabinetry. Further, I authorize my credit card company to accept and to charge to my account purchases initiated by the above named individuals. This authorization allows Jarlin Cabinetry to continue to use this information and such information shall remain in full force and effect unless I revoke such authorization in writing.

X _____ Signature of Card Holder

x _____ Print Name Here

Please fax back to Jarlin Cabinetry Fax # 954-272-7777