



Date: \_\_\_\_\_

3424 NW Yeon Ave, Portland, OR 97210

Phone: 503-622-8897 Fax: 503-831-9838

### 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: \_\_\_\_\_ CVV# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
m/y 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 \*\*\*\*\*

Please use this authorization form if you are authorizing payment for another individual's order(s) using your credit card. List the names of each individual that you are authorizing to use your credit card as payment for purchases. Only the names listed will be authorized, 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 UniKraft Cabinetry. Furthermore, I authorize my credit card company to accept and to charge to my account purchases initiated by the above named individuals. This authorization allows UniKraft 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