



517 Crofton St SE
Grand Rapids, MI 49507
616.243.8424 Fax 616.243.8055

CREDIT CARD AUTHORIZATION

Customer Number _____

Date _____

Customer Name _____

Street Address _____

City _____ State _____ ZIP Code _____

Billing Information

Cardholder Name _____

Street Address _____

City _____ State _____ ZIP Code _____

Card #1	Visa	Mastercard	Amex	Discover	____ / ____
					<small>Last 4 Digits of Card # Expiration Date</small>
	Credit	Debit			

Card #2	Visa	Mastercard	Amex	Discover	____ / ____
					<small>Last 4 Digits of Card # Expiration Date</small>
	Credit	Debit			

For security purposes, please call your Sales Representative with your complete credit card number.

I hereby authorize use of the above listed credit cards for the above listed store, effective until revoked by Cardholder. Credit & debit cards are accepted at time of sale. Invoices charged to credit or debit card at a later date will incur a 3% accommodation fee.

Cardholder Signature _____

(Signature must match cardholder name)