



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 \_\_\_\_\_

**Credit Card #1**    Visa    Mastercard    Amex    Discover    \_\_\_\_\_ / \_\_\_\_\_  
Last 4 Digits of Card #    Expiration Date

**Credit Card #2**    Visa    Mastercard    Amex    Discover    \_\_\_\_\_ / \_\_\_\_\_  
Last 4 Digits of Card #    Expiration Date

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)

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## For Office Use Only

Credit Card #1    \_\_\_\_\_

Credit Card #2    \_\_\_\_\_