



Office: (630) 296-6080
 101 E Crossroads Pkwy Suite A
 Bolingbrook IL 60440
www.orangecabinetry.com
contact@orangecabinetry.com

Credit Card Authorization Form

<u>Name</u> (as appears on credit card)			
<u>Company Name</u> (Optional)			
<u>Address</u>			
<u>City</u>	<u>State</u>	<u>Zip Code</u>	
<u>Email</u>			
<u>Phone Number</u>			
<input type="checkbox"/> Visa []	<input type="checkbox"/> Master Card []	<input type="checkbox"/> American Express []	<input type="checkbox"/> Discover []
<u>Credit Card Number</u>		<u>Expiration Date</u>	<u>Security Code</u>
<p>By signing this authorization, the customer/cardholder represents that the aforesaid credit card is valid and legally issued to him/her, that undersigned is legally authorized to use the credit card set forth herein and is not restricted by law, rules, regulation, agreement, or undersigned agree to hold harmless highland cabinetry Inc, its offices, employees and agents, by and for any claims made against them from any source for their use for the aforesaid credit card pursuant to the authority set forth herein.</p>			
Cardholder Signature:	X _____	Date:	_____
Print Name:	X _____		
Notes:(Please fill one)			
1. <u>Keep in File</u> Yes or No			
2. <u>One time charge for estimate#</u> _____ <u>of Amount\$</u> _____			
3. <u>One time charge for Inv#</u> _____ <u>of Amount:\$</u> _____			