



1500 Buchanan Ave SW
Grand Rapids, MI 49507
616.243.8424 Fax 616.243.8055

CREDIT CARD AUTHORIZATION

Customer Number _____

Date _____

Customer Name & Address

Name

Address

City State ZIP Code

Billing Information

Cardholder Name

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 2% accommodation fee.

Cardholder Signature _____
(Signature must match cardholder name)

For Office Use Only

Credit Card #1 _____

Credit Card #2 _____