



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    \_\_\_\_\_