



# CUSTOM GLASS FABRICATORS, INC.

## Credit Card Authorization Form

I, \_\_\_\_\_, hereby authorize Custom Glass Fabricators, Inc. to charge my credit card account for purchases of glass products.

Visa

MasterCard (please check one)

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_

VID Code \_\_\_\_\_ (3 to 4 numbers on back of card)

Credit Card Billing Address:

Requested Shipping Address:

Street: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: (If not US) \_\_\_\_\_

Country: (If not US) \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

As the credit card holder, I hereby authorize receipt of merchandise at the shipping address above.

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

(Optional) As the credit card holder, I also authorize Custom Glass Fabricators, Inc. to charge my credit card for future purchases verbally approved by me.

Authorization Valid Until: \_\_\_\_ / \_\_\_\_

Initial Here: \_\_\_\_\_