



Credit Card Payment Authorization Form

Company Name (dba): _____

I, _____ authorize **Interglass Corp.** to charge my credit card account
(name as it appears on card)

listed below for \$ _____ US Dollars on or after ____/____/____ for the following:
(amount) (date)

Sales Quote Sales Order Invoice #s: _____

Billing Address: _____ Zip code: _____

City: _____ State/Province: _____ Country: _____

Phone #: _____ Fax #: _____ Email: _____

Account Type:    

Card Number: _____

Expiration Date (MM/YY): ____/____ Verification Code: _____

IMPORTANT: ATTACH A COPY OF THE FRONT OF THE CREDIT CARD AND PHOTO ID

Signature: _____ Date: ____/____/____

This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for a one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.