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CREDIT CARD AUTHORIZATION FORM

CREDIT CARD AUTHORIZATION

I, _____, authorize Brockwell Incorporated to charge my credit card for the products sold to me under Quote #: _____, dated _____. I understand that the charges reflected on my Credit Card Statement will be in the name "Brockwell Incorporated." My authorized signature on this form will be valid for any future orders and the remaining balance of any outstanding order.

BILLING INFORMATION

PLEASE SELECT YOUR CREDIT CARD

* = Required Field

VISA**MASTERCARD****AMEX****DISCOVER**

*CARD #

*NAME ON THE CARD

\$

*EXPIRATION DATE
[MM / YY]

*C V V CODE

*AMOUNT TO BE CHARGED

*BILLING STREET ADDRESS

*CITY

*STATE

*ZIP CODE

COMPANY

*PHONE NUMBER

*DATE

*SIGNATURE

NOTE: Your typed signature will serve as authorization to charge your credit card if you do not provide your signature through an eSignature program.

[PAYMENT TERMS](#)[CANCELLATION & RETURN POLICIES](#)