

CREDIT CARD AUTHORIZATION FORM

Company Name: _____

Card Holder Name: _____

Card Holder Address: _____

Card Number: _____

Card Type: **VISA** **MASTERCARD** **DISCOVER**

Expiration Date: _____

CVV Code: _____

***Signature of Purchaser or Authorized Representative:** **X** _____

Date : _____

Your signature authorizes Onyx Shutters to charge all future orders to the credit card on file.

(1) The card on file will be charged before each order is submitted for production.

*The charge will be in the amount of 50% of the total order cost.

(2) The card on file will be charged again once all order(s) are delivered / picked up from our warehouse.

*The charge will be in the amount of the remaining balance of all order(s).

All credit card transactions will be charged an automatic 3% transaction fee.