



CREDIT CARD USE AUTHORIZATION FORM

CREDIT CARD TYPE: VISA MASTERCARD
 AMEX (Payments must be higher than \$10,001.00)

PLEASE PRINT - ALL INFORMATION MUST BE ENTERED CLEARLY AND LEGIBLY.
IN ORDER TO PROCESS PAYMENT WE NEED THE FOLLOWING INFORMATION.
PLEASE ATTACH COPY OF FRONT & BACK OF CREDIT CARD & PICTURE ID.

COMPANY NAME: _____

CREDIT CARD HOLDER'S NAME: _____

CREDIT CARD'S BILLING ADDRESS:

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBER AT THIS ADDRESS: _____

16 DIGIT CREDIT CARD #: _____

SECURITY CODE: _____ **(MUST) EXP. DATE:** _____

NAME OF SALESMAN: _____

TOTAL AUTHORIZED CHARGE AMOUNT: \$ _____

SIGNATURE OF CARD HOLDER: _____ **DATE** _____

I authorize Grant Supplies to charge my card for the amount noted above and agree to be responsible for payment of this charge.

If you need assistance please contact our A/R Dept.
718-729-2373 Ext. 310 or 311

PLEASE FAX BACK

Electric & Lighting Sales: 718-729-5591 / Plumbing Sales: 718-472-9365
Accounts Receivable 718-361-9674