



GRANT SUPPLIES

39-15 21ST Street
Long Island City, NY 11101

CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT: ALL INFORMATION MUST BE ENTERED CLEARLY AND LEGIBLY

COMPANY NAME: _____

NAME ON CARD: FIRST NAME: _____ LAST NAME: _____

**“PLEASE BE ADVISED WE DO NOT ACCEPT AMERICAN EXPRESS
& DISCOVER CARDS”**

TYPE CARD ACCEPT: VISA MASTER CARD

- **NEED COPY OF CREDIT CARD & PICTURE I.D. THANK YOU.**
(Front & Back Copy)

ADDRESS CREDIT CARD BILLS/STATEMENTS ARE MAILED TO:

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER AT THIS ADDRESS: _____ - _____ - _____

16 DIGIT CARD NUMBER: _____

SECURITY CODE _____ **(MUST)**

EXPIRATION DATE: _____ / _____

NAME OF THE SALESMAN: _____

TOTAL CHARGE AMOUNT TO AUTHORIZE: \$ _____

I authorize Grant Electrical and Plumbing supply, Inc. to charge my card for the amount above and agree to be responsible for payment of this charge.

CARDHOLDER SIGNATURE _____ **DATE:** _____

**PLEASE FAX BACK TO THIS NUMBER 718 – 729 – 5591
THANK YOU!**

- Please be advice: Our Updated Credit Card Machine requires all the information above, without the correct information our Credit Card machine is unable to process your order.

(PLEASE FILL IN ALL THE BLANKS. THANK YOU FOR YOUR COOPERATION)