



39-15 21<sup>ST</sup> Street, LIC, NY 11101 Tel: 718-729-2373 Fax: 718-361-9674

**CREDIT CARD USE AUTHORIZATION FORM**

**CREDIT CARD TYPE:**  VISA     MASTERCARD

Please note that we do not accept Amex or Discover Cards.

PLEASE PRINT - ALL INFORMATION MUST BE ENTERED CLEARLY AND LEGIBLY.

IN ORDER TO PROCESS PAYMENT WE NEED THE FOLLOWING INFORMATION. ALSO,  
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:** \$ \_\_\_\_\_

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 TO 718-361-9674**