Atlantic Window & Door

913 Asbury Avenue
Asbury Park, NJ 07712

35 Avenue A
Newark, NJ 07114

Credit Card Authorization

Date: _____ Number of Pages Including This Page:_____ Invoice#_____

Attention: _____ Phone:_____

Thank you for your order! Please review the attached work order(s) for accuracy and indicate your approval by signing where applicable. Then complete and sign the credit card authorization below and email or fax all back to us at (732) 988-9221.

If you have any questions call us at **(888) 963-9130**.

I authorize Atlantic Window and Door to: (Place a check mark in the appropriate box(s).

☐ **Charge the credit card listed below for payment in full of attached Invoice#**

OR

☐ **Charge the credit card listed below for a deposit payment of 50% of attached Invoice#**

ALSO

I authorize Atlantic Window and Door to keep this form on file for payment on future orders.

☐ **NO**

☐ **YES Initials _____**

<><><><><><><><><><><><><>

CREDIT CARD AUTHORIZATION

VISA MASTERCARD *AMEX DISCOVER

Account Number: _____

Expiration Date: _____

Name on Card: _____

Address of Card Holder: _____

3/4-Digit Security Code: _____

Authorized Signature: _____

*** AMEX subject to a 3% surcharge.**

(Form will be kept in secure area with limited access.)

Thank You For Your Business!