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Debit Card / Credit Card Authorization

All information in this form is confidential.

Authorization to purchase product, goods and services from FX Cabinets Warehouse on a continuing basis using the debit card or credit cards described herein and the terms described below, unless otherwise instructed in writing by the card holder.

I, _____ (business/personal name on the card), the undersigned hereby states that the above described debit card / credit card is in my name and that I authorize its use to purchase products and services from FX Cabinets Warehouse and that the total purchases cost will be priced by the United States Currency. Orders for sold goods are to be placed by representatives and employers of the above described company via telephone, fax, computer transmission, in writing or verbally to be filed sales representative.

ORDER # _____

Type of Card:	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> Debit Card	(Discover & AMEX not accepted)
Card#	_____		DL#	_____
Expiration Date	_____	CVC Code	_____ (last three digits on the number on the back of the card)	
Email:	_____			
Card Billing Address		Requested Shipping Information (if different)		
Street:	_____	Street:	_____	
City:	_____	City:	_____	
State:	_____	State:	_____	Zip Code: _____
Telephone:	_____	Telephone:	_____	
As the credit card holder, I hereby authorize receipt of merchandise at the shipping address above.				
Or mark here <input type="checkbox"/> to state each time shipping address is different.				
Cardholder's Signature:	_____		Date:	_____
<i>(must be a signature - not typed)</i>				

Please Complete All Required Information.

Fax to: 626-934-9856 OR Email to info@cabinetswarehouse.com

Your Completion of this authorization form helps us to protect you, our valued customer, from credit card fraud.

All information entered on this form will be kept strictly confidential by FX Cabinets Warehouse.

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