



**Window Trim Kit, LLC**  
119D West Marion Street, Shelby, NC 28150  
704-481-9228  
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## Credit Card Authorization Form

Please print out and complete this authorization form and fax back to 704-481-9496.  
All information will remain confidential.

Cardholder Name: \_\_\_\_\_

Type of Card: Visa \_\_\_ MC \_\_\_ Discover \_\_\_

Account number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Security Code (last 3 digits on back of card) \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Purchase Order/Invoice Number \_\_\_\_\_

Amount to be Charged \_\_\_\_\_

By signing this form, you authorize \_\_\_\_\_ to charge your card for the amount listed above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_