

CREDIT CARD AUTHORIZATION AFFIDAVIT

I authorize Specialized Building Systems, LLC. to charge the credit card indicated below.

Date:

Type of Card:

Card Number:

Security Code: (last 3 digits in signature area; 4 printed numbers on the right/front of AMEX)

Expiration Date:

Name/Company on Credit Card:

Card Mailing Address:

Signature:
Title:
Phone:
Fax:

Invoice, Sales Order, or Quote Number required: Amount to be charged: \$

Please return via fax or email: 713-896-1310 or grace@sbs-frp.com