| SSS | M | asonry & Building 173 Oak Stre w Rochelle, New Y 636-6563 Fax (91 www.sammarcosto | Supplies et ork 10801 4) 636-6597 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------|
| CREDIT CARD LETTER AUTHORIZATION | | | |
| | | Esti | Attention To: mate Number: Date: |
| Ihereby authorize Sammarco Stone & Supply, Inc. to charge the sum of \$ or keep a credit card authorization on file for future charges. If credit card authorization is kept on file, it is up to the card holder to keep track of the charges. | | | |
| | an Express | MasterCard | 🗌 Visa. |
| | YES, Keep on file | NO, One time | use only |
| Credit Card Number: | | | |
| Exp. Date | e: / | CSV Code: | |
| Card Holder's Name: | | | |
| Company Name: | | | |
| Credit Card Billing Addre | ess: | | |
| City, State & Zip: | | | |
| Phone Number: | | Cell Phone: | |
| Fax Number: | | | |
| E-Mail: | | | |
| | | - | |
| | | | Card Holder's Signature |
| Would you like a hard co | opy of your receipt sent v | ia: | |
| 🗌 E-MAIL | 🗌 FAX | POSTAL | DO NOT SEND |
| This form must be accompanied by a photocopy of both sides of your <i>Credit Card</i> and a photocopy of the <i>Cardholder's Driver License</i> . | | | |

Please fax this form and photocopies to (914) 636-6597.