

CREDIT CARD AUTHORIZATION FORM

* Indicated a mandatory field. We must have this information in order to process your credit card

Please fax authorization back to attention:

GENERAL CERAMIC TILES

Return Email:

cust_service@generalceramic.com

Return Fax #: 800-497-8742

*COMPANY: _____

*CUSTOMER ID: _____

*PHONE NUMBER.: _____ FAX NUMBER: _____

EMAIL: _____

*NAME ON CARD: _____

*BILLING ZIP CODE FOR CREDIT CARD: _____

*CREDIT CARD NUMBER: _____

*CC TYPE: VISA MASTER CARD

*EXPIRATION DATE: _____ *CVV NUMBER: _____

THIS IS TO AUTHORIZE GENERAL CERAMIC TILES TO CHARGE YOUR COMPANY OR PERSONAL CREDIT CARD FOR THE PAYMENT BELOW:

***PAYMENT: (fill in all blanks)**

AMOUNT TO CHARGE CREDIT CARD: \$ _____

ORDER ACKNOWLEDGEMENT(S)
THAT YOU ARE PAYING FOR: _____

***AUTHORIZATION: (fill in all blanks)**

Customer Print Name

Customer Signature

Date of Authorization

THANK YOU