



Email: sales@visioncabinet.com
Fax Number: 270-465-3223

Credit Card Payment Authorization Form

Sign and complete this form to authorize the above-mentioned company to make a debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize **VISION CABINET SOURCE, LLC** to charge my credit card account indicated below for \$_____ on or after _____.

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

| | | | |
|---|-------------------------------------|-------------------------------|-----------------------------------|
| Account Type: <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard | <input type="checkbox"/> AMEX | <input type="checkbox"/> Discover |
| Cardholder Name _____ | | | |
| Account Number _____ | | | |
| Expiration Date _____ | | | |
| CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____ | | | |
| Please Check One: One Time Charge _____ Blanket Charge _____ | | | |
| Absolutely no 3rd Party Cards accepted. | | | |

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, **and I certify that I am an authorized user of this credit card** and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.