

AUTHORIZATION FORM

Date : _____

One time only : _____

Continuous : _____

Invoice # : _____

Amount : \$ _____

Customer Name: _____

Tel. #: _____ Fax #: _____

Address where credit card bills are sent: _____

City: _____ State: _____ Zip: _____

Credit Card #: _____

Expiration Date: _____ Security Code: _____

Name on Card: _____

Signature: _____

Print Name: _____

Need to send us a copy of PHOTO ID or DRIVER LICENSE & ACTUAL CREDIT CARD.

Please complete form and fax back to (323) 732-3712 or
email to shilparkpaint@sbcglobal.net. Thank You.