



Central Plumbing Specialties



CREDIT CARD AUTHORIZATION

THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY

DATE: ____/____/____

SHIP TO: _____
(Name)

SHIP TO ADDRESS: _____

CITY _____ STATE _____ ZIP _____

HOME PHONE #: _____ MOBILE PHONE # _____

FAX# _____

CARD TYPE: VISA __ MASTERCARD __ DISCOVER __ AMEX __

CARD NUMBER: _____

CARD NAME: _____

CARD BILLING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

CARD EXP. DATE: ____/____

➤ REQUIRED

CVV # _____

Order # _____

Amount \$ _____

I HEREBY AUTHORIZE CENTRAL PLUMBING SPECIALTIES / GRANDE CENTRAL SHOWROOMS TO CHARGE MY CREDIT CARD . THIS FORM MUST BE ACCOMPANIED BY A DRIVERS LICENSE. THE BILLING ADDRESS FOR THE CREDIT CARD & THE DRIVERS LICENSE MUST MATCH.

PRINT NAME

SIGNATURE

*This document is intended for **One Time Use**. No verbal authorization for multiple use can be made.*

Look under 'Contact Us' for a list of locations and fax numbers