



Credit Card Authorization Form

In order for Cabinets R Us (CRUS) to accept and bill your credit card, please complete all fields below, sign date, and fax to **714-572-1533** or email to sales@cabinetsrus.us . All information sent is strictly confidential and CRUS adheres to the highest standards for customer data protection.

Contact/Billing Information: (as shown on credit card)

Company: _____

Contact Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Credit Card Type: Visa MasterCard

Card holder name (as shown on credit card): _____

Credit Card #: _____

Expiration Date: _____

Security Verification Code: _____

Please Check the Appropriate Box(es):

Onetime Use: I hereby authorize CRUS to a onetime charge authorization to the indicated credit card for amount below.

\$ _____ Invoice/Sales Order #: _____

Keep Credit Card On File: I hereby authorize CRUS to keep the indicated credit card on file and to be used for each future transaction without further written authorizations or notice. This authorization shall remain in force until cancelled by writing.

Authorization:

I hereby authorize CRUS to charge the indicated credit card. I agree that this is either a onetime charge or authorization for the card to be kept on file and charged for all future transactions. I understand that cancellation to the authorization must be made in writing. I shall not dispute CRUS's charges with card issuer so long as the amount in questions was for goods/services rendered prior to my canceling the authorization. I guarantee and warrant that I am the legal cardholder for this credit card and I am legally authorized to enter into this credit card charge agreement with Cabinets R Us.

Signature: _____ **Date:** _____