

Credit Card Authorization Form

PLEASE COMPLETE THIS AUTHORIZATION FORM COMPLETELY

***EMAIL COPY OF GEORGIA IDENTIFICATION IN A SEPARATE EMAIL TO ORDERS@PRSATL.COM**

All information will remain confidential.

CREDIT CARD FRAUD IS A FELONY!

IT IS ILLEGAL TO FILL THIS OUT WITH A CARD THAT DOES NOT BELONG TO YOU.

Date:

Cardholder Name:

GEORGIA I.D Verification/ Driver License #:

Please confirm that the following information is accurate and you are willing participant in **Preferred Roofing Supply, LLC** charging the following credit or debit card. In addition, you acknowledge that no discount will be offered when paying via credit or debit card.

Cardholder Name:

Phone:

Company Name:

Billing Address:

City:

State

ZipCode

Credit Card Type:

Visa Mastercard Discover AmEx

Credit Card Number:

Expiration Date:

Month/Year

Card Identification Number (last 3 digits located on the back of the credit card/4 digits on front of card if AmEx):

Amount to Charge: \$

(USD)

Description of Merchandise or Invoice #:

Ship-To Address OR Jobsite Address:

Keep Card On File For Future Purchases? (Yes/No):

I authorize **Preferred Roofing Supply, LLC** to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder ONLY - Print Name, Sign and Date Below:

Name:

Signed:

Dated:

Preferred Roofing Supply

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