



1015 NE 43rd Street, Oakland Park, FL 33334 (954) 564-6480 Tel. / (954) 564-6483 Fax

ACCOUNT CODE

CREDIT CARD AUTHORIZATION FORM

I, _____ authorize MAP Doors, Inc. to charge the credit card on file, the amount of \$_____. ____ for the following Sales Order/Invoice.

Sales Order/Invoice #:



Credit Card Number

CVV2

Expiration Date

Cardholder's name *(please print)*

Cardholder's Signature

Today's Date

BILLING ADDRESS *(for Credit Card Account)*

CURRENT MAILING ADDRESS:

Street Address

Street Address

City, State, Zip

City, State, Zip

Daytime Telephone Number

Home Telephone Number

Being the cardholder or Corporate Officer, by signing above I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize MAP Doors, Inc. to charge my credit card. I further agree that in the event my credit card becomes invalid, I will provide MAP Doors, Inc. with a new valid credit card upon request, to be charged for the payment of any outstanding balances owed to MAP Doors, Inc.