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AUTHORIZATION PAYMENT VIA CREDIT CARD

Please complete and sign this form to be considered for payments using your credit card. If the information you provide is incomplete or incorrect, it may delay processing this request, which could affect prompt delivery of our products or services. This transaction is subject to all applicable terms and conditions as stated in our Catalog and Online Web Site.

1. AUTHORIZATION:

This is authorization to process the following credit card information. *(Please check one):*

- Keep form on file for use with all of our orders. Account No. _____
- Use form for this transaction only. Order No. _____

2. NAME AND ADDRESS: Enter full name on card and correct billing address:

Cardholder's Name *(as shown on front of card):* _____

Company Name: _____

Card Billing Address: _____

City: _____ State: _____ Zipcode: _____ Country: _____

3. CREDIT CARD INFORMATION *(Please FAX & DO NOT EMAIL the following information.)*

Check the card type and record the 15 or 16 digit number below:

- Visa
- MasterCard
- American Express

Credit Card No. *(16 digits for Visa, MC, or Discover; 15 digits for AMEX):* _____

Expiration Date *(MM/YYYY):* _____ Security Code: _____ 3 digits for Visa, MasterCard, or Discover (back)
4 for American Express (front)

Estimated Amount of Charge: _____ Actual amount charged to your card will include product, shipping, insurance, taxes, overs, etc, as appropriate.

NOTE: You are authorizing payment at the time order is placed and your card will be charged upon shipment unless otherwise stated. Please check the accuracy and legibility of the above to avoid a delay in our service.

AUTHORIZED SIGNATURE: _____ **Date:** _____

YOUR CONTACT INFORMATION:

Phone: _____ Email: _____

Return via Fax to 770-499-8974 to process your order or call 800-344-6768 for assistance. DO NOT EMAIL THIS FORM WITH CREDIT CARD INFORMATION INCLUDED.