



ROR CABINETS & TILE, Inc.

11450 NW 34th Street, Suite-300, Miami, FL 33178
T.305-592-3966/F.305-436-9246

Credit Card Payment Form

I, _____ hereby authorize **ROR CABINETS & TILE, Inc.**
to charge my VISA / MASTERCARD the amount of US\$_____ for the products
and services in the amount listed on INV#_____ related to PO# _____

Sales Representative : _____

VISA

MASTER CARD

CARD HOLDER NAME: _____
CREDIT CARD # _____
EXPIRATION DATE: ____ / ____
SECURITY CODE _____
CARD HOLDER SIGNATURE: _____
DATE SIGNED: _____
BILLING-MAILING ADDRESS OF THE CARD: _____
PHONE NUMBER: _____
COMPANY NAME: _____
PERSON AUTHORIZED TO PICK UP OR SIGNED FOR ABOVE MENTION ORDER: _____