



CREDIT CARD AUTHORIZATION FORM

Date: _____

Customer Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Customer Account #: _____

Card Type: ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMEX

Name on Card: _____

Credit Card #: _____

Expiration Date: _____ CVC Code: _____

IF APPLICABLE:

Amount Paying: \$ _____

Orders/Invoices Paid: _____

*Customer Signature: _____

Please email completed form to: prepay@elkhome.com. Fax to 570-227-0089