

# THE MOULDING COMPANY

ARCHITECTURAL MOULDINGS

## CREDIT CARD AUTHORIZATION FORM

\_\_\_\_\_/\_\_\_\_\_  
(NAME AS IT APPEARS ON CREDIT CARD) (COMPANY NAME) BY EXECUTING THIS

AGREEMENT, I \_\_\_\_\_ AUTHORIZE **THE MOULDING COMPANY**  
(AUTHORIZED CARDHOLDER NAME)

TO ACCESS AND CHARGE THE FOLLOWING CREDIT CARD:

CREDIT CARD TYPE: (Circle One)



CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ CVV Code: \_\_\_\_\_ (VISA/MC - Back of Card / AX - Front)

### CREDIT CARD BILLING ADDRESS (Required):

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME(S) OF AUTHORIZED BUYERS ON THE ACCOUNT:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### SIGN AND RETURN TO THE MOULDING COMPANY:

FAX: 925-566-3324 – Concord / 408-748-6967 – Santa Clara / 650-648-0301 - Millbrae

EMAIL: [AR@TheMouldingCompany.com](mailto:AR@TheMouldingCompany.com)

I certify that the above statements and information made in this agreement are true and correct to the best of my knowledge. I also certify that I am the authorized signer of the above card number and endorse this authorization for The Moulding Company to charge my purchase(s) to the above credit card upon my request. In the case of any issues or disputes concerning transactions processed on my card, I will notify The Moulding Company to rectify the situation prior to notifying my credit card company.

\_\_\_\_\_  
CARDHOLDER AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE