



CREDIT CARD AUTHORIZATION FORM

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

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:

Four sets of horizontal lines for authorized buyer names.

SIGN AND RETURN TO THE MOULDING COMPANY:

EMAIL: ar@tmctrim.com FAX: 925-566-3324

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