



CREDIT CARD AUTHORIZATION FORM

25789 Las Vegas Avenue,
Capistrano Beach, CA 92624-1112
T. 949.240.3585 F. 949.240.1786

PLEASE COMPLETE, SIGN AND RETURN THIS FORM. ALL INFORMATION WILL REMAIN CONFIDENTIAL.

Cardholder Name: _____

Billing Address: _____

Phone number: _____ Fax: _____

Office phone: _____ Mobile: _____ Fax: _____

E-mail: _____

Credit card type: Visa Mastercard Discover American Express

Credit card number: _____

Expiration date: _____

Card I.D. number: _____ (last 3 digits located on the back of the credit card)

Card to be charged: Weekly or Bi-Monthly

Max. amount to charge: _____ (USD)*

* This is a continuing authorization to allow charges to your above-described Credit Card for all orders placed by you, or your workers on your behalf. In the event that purchases exceed the Maximum Amount indicated, or if the credit card is "declined" for any reason, a "hold" will be placed on your card, and you agree to pay the total amount of the charges within 48 hours.

I hereby authorize **Doheny Builders Supply** to charge the above-described purchases to my credit card provided herein. I agree that I will pay for all purchases in accordance with the issuing bank cardholder agreement.

Cardholder-Please Sign, Date, and Print Name Below:

Signature: _____ Date: _____

Print name: _____