



1540 Selene Dr. Suite #110
Carrollton, TX 75006

Credit Card Payment Authorization Form

Phone: 972.620.8833
Fax: 972.620.8802

Please fill out and fax back to 972.620.8802

COMPANY NAME _____ ACCOUNT # _____

CARDHOLDER NAME _____

EMAIL ADDRESS _____

PHONE NUMBER _____ FAX NUMBER _____

CREDIT CARD TYPE
(Please check one:)

☐ VISA

☐ AMERICAN EXPRESS

☐ MASTER CARD

☐ DISCOVER

BILLING ADDRESS _____

(as it appears on credit card statement)

CREDIT CARD NUMBER _____

EXPIRATION DATE _____ CCV NUMBER _____

AUTHORIZATION

☐ AUTHORIZED FOR ALL FUTURE ORDERS

☐ ONE TIME ONLY

CARD FILING PREFERENCE

☐ ONLY CARD ON FILE

☐ CARD REPLACES EXISTING CARD ON FILE

☐ CARD IS IN ADDITION TO EXISTING CARD ON FILE

AMOUNT TO BE CHARGED _____ INVOICE NUMBER _____

SALES ORDER NUMBER

By signing below, I acknowledge and authorize Regal Hardwoods, Inc. to charge the above credit card account. I agree to update any information regarding this credit card account. The above information is complete and correct. After filling out, please fax back to 972.620.8802.

CARDHOLDER SIGNATURE _____ DATE _____