



GLASSWERKS CREDIT CARD AUTHORIZATION

8600 Rheem Ave, South Gate, CA 90802
Tel: 888.789.7810 Web: glasswerks.com

VISA

MasterCard

Discover

American Express

Company Name _____
Account Number _____ Amount of Purchase _____
Invoice/Packing Slip _____
Name on Card _____
Billing Address _____
City _____ State _____ Zip _____

Credit Card Number _____
Expires _____ Security Number _____

I certify that I am the authorized holder and signer of the credit card referenced above. I hereby authorize GLASSWERKS LA, INC to charge my purchase to my credit card. A fax copy or photocopy of my signature below shall have the same effect as an original signature.

I authorize a one-time charge against my credit card.

I authorize credit card to be kept on file for future transactions.

Signature _____

I would like a copy of my credit card payment receipt:

Fax Mail Email _____

Please return fax to GLASSWERKS at 323.789.1571

Thank You,

GLASSWERKS LA, INC