



## GLASSWERKS CARSON CREDIT CARD AUTHORIZATION FORM

☐ 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 CARSON 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 CARSON at 323.789.1571.

Thank You,  
GLASSWERKS CARSON