



AUTHORIZATION FOR USE OF CREDIT CARD

This form shall serve as written authorization for Regents Renovation Co., to utilize the credit card(s) listed below. I agree to make full payment, based on the terms of the issuing creditors. A 50% deposit will be charged to secure installation dates and the remaining balance will be charged on the first day of installation. Any additional change orders authorized in writing by the customer will be charged from this account as well.

Card Type _____ Visa _____ MC _____ Discover _____ Amex

Account # _____ EXP: _____

Security Code: _____ (found on back of the card)

Card Holders's Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Customer Phone # : (____) - _____

TOTAL AMOUNT TO BE CHARGED: _____

Authorized Cardholder's Signature: _____

PLEASE FAX BACK TO: 678.668.7924