



Since 1900

CREDIT CARD AUTHORIZATION FORM

ATTN _____ FAX _____

RETURN TO _____ FAX _____

CARDHOLDER _____
Last Name First Name

BILLING ADDRESS _____

DELIVERY ADDRESS _____

CARDHOLDER'S DAYTIME PH _____

_____ PICK-UP OR _____ DELIVERY

CARD NUMBER _____

EXP. DATE _____ CVV NO. _____
(3 or 4 digit code on back or front of card)

AMOUNT AUTHORIZED \$ _____

I, THE CARDHOLDER LISTED ABOVE, HEREBY AUTHORIZE MONTALBANO LUMBER TO USE THE INFORMATION I HAVE PROVIDED FOR PAYMENT OF MERCHANDISE AS INDICATED.

Date

Cardholder's Signature

For our mutual protection, please fax a copy of the cardholder's driver's license.