



Since 1900

CREDIT CARD AUTHORIZATION FORM

ATTN: _____ FAX: _____

RETURN TO: _____ FAX: _____

CARDHOLDER: _____
(AS IT APPEARS ON CREDIT CARD) FIRST NAME LAST NAME

BILLING ADDRESS: _____

PHYSICAL ADDRESS: _____

COMPANY: _____

DELIVERY ADDRESS: _____

CARDHOLDER'S DAYTIME PHONE NUMBER: _____

_____ PICK - UP OR _____ DELIVERY

CARD NUMBER: _____

EXPIRATION DATE: _____ CVV NUMBER: _____

AMOUNT AUTHORIZED \$ _____

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

CARDHOLDER'S SIGNATURE
(MANUAL SIGNATURE, NO FACSIMILE)

DATE

**FOR OUR MUTUAL PROTECTION, PLEASE PROVIDE A COPY OF THE
CARDHOLDER'S TEXAS DRIVER'S LICENSE.**

THIS AUTHORIZATION WILL EXPIRE ON _____ OR NO LATER THAN 180 DAYS
FROM THE ABOVE DATE. TO RENEW, PLEASE CONTACT OUR SALES DEPARTMENT.