



CREDIT CARD CHARGE AUTHORIZATION

Please fill this form out *clearly and completely* in black ink.

Please advise your Bank or Credit Card company that you authorize the purchase amount, as there may be a daily limit on purchases.

Date: _____ Amount: _____

I authorize A-Frame Paint Booths/Col-Met to charge my:

American Express _____ Master Card _____ Visa _____

My Account#: _____

Card ID _____ (3 digits on rear of card)

Expiration Date: _____/_____/_____

I understand that my signature on this form represents my authorization to fulfill my obligation with my bank for funds. I understand that once my order has been processed I may not cancel for any reason. If I refuse my shipment of order when it arrives I will be responsible for all shipping charges for both ways.

I have read and fully understand the above terms and conditions:

SIGNED: _____ DATE: _____

Credit Card Billing Address:

Ship To Address:

Name: _____

Address: _____

Please sign and fax back to **877-338-3006**