

LYNWOOD

BUILDING MATERIALS, INC.

Credit Card Charge Authorization

Date:	Company Name:	Your Name:
Amount Authorized:	Reason: (Purchase / Pay on Account, please include invoice numbers)	

Name Printed on Card:	Company Name on Card (if applies):		
Card Number:	Card Type: (Circle One) American Express Visa MasterCard		
Billing Address on Credit Card Statement: (Including Suite or Apartment #)			
Credit Card Billing Zip Code:	Card Verification Number: (see below)	Expiration:	

**** Your Card Verification number is a four digit number printed on the front of your American Express Card above the last four digits of your Account Number. On Visa & Mastercard it is the last three digits on the signature line on the back of your card.**

Signature of Authorization: _____

Date Authorized: _____

Please make a photocopy of your Drivers License & Credit Card on the LIGHTEST setting and attach to this form.

FAX TO: (210) 477- 3090 ATTN: Holly