



485 Lindbergh Dr. Gypsum, CO 81637
Postal: PO Box 1259, Eagle, CO 81631
970.328.7228 – fax: 970.328.5338
glass@eaglevalleyglass.com

Credit Card Payment Authorization Form

Sign and complete this form to authorize Eagle Valley Glass to make debit payments to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a deposit (if applicable) and final balances due.

Please complete the information below:

I _____ authorize Eagle Valley Glass to charge my credit card
(full name)
account indicated on approved invoices (#_____) or quotes (#_____) for glass and glazing services.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the work indicated. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.