

ENVOY CABINETRY

14325 Alondra Blvd, La Mirada, CA 90638 | Phone: 714.521.9171 | FAX: 714.521.9173 | www.envoycabinetry.com

Single Use Credit Card Authorization Form

Fax completed form to 714-521-9173 or email to credit@envoycabinetry.com

COMPANY NAME: _____

ENVOY SO#: _____

FAX/E-MAIL RECEIPT TO: _____

Credit Card Information



CARD NUMBER: (NOT KEPT ON FILE) _____ EXPIRATION DATE: _____

SECURITY CODE: _____ (LAST 3 DIGITS ON BACK OF CARD OR 4 DIGITS ON FRONT OF CARD FOR AMERICAN EXPRESS)

NAME ON CARD: _____ PHONE NUMBER: _____

CREDIT CARD BILLING ADDRESS: _____

This form will be returned to you if the authorized amount is not sufficient

This credit card payment is for Envoy Job #(s) _____ and covers:

100% of my acknowledgment total plus the 2% convenience fee.

50% of my acknowledgment plus the 2% convenience fee.

The balance of acknowledgment (total less previous deposit) plus the 2% convenience fee.

As the credit card holder, I hereby authorize Envoy Cabinetry Company to charge my credit card listed above for a total of \$ _____ which includes the 2% convenience fee. Per Envoy's Credit Card Policy, I understand that this credit card payment will first be applied to the 2% convenience fee, finance charges, short pays and then my oldest balances on my account.

CARDHOLDER'S SIGNATURE

DATE