



## CREDIT CARD AUTHORIZATION FORM

### CARDHOLDER INFORMATION:

Name (as printed on the card): \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

I authorize a one-time charge against my card for the following amount: \$ \_\_\_\_\_

I authorize a recurring charge against my card for the following amount: \$ \_\_\_\_\_

### CREDIT CARD INFORMATION

Credit Card Type:  MasterCard  Visa  American Express  Discover Card

Credit Card Number: \_\_\_\_\_

Expiration Date (mm/yyyy) : \_\_\_\_\_ Security Code: \_\_\_\_\_

Amount to be charged: \$ \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date \_\_/\_\_/\_\_

The undersigned agrees that he/she is an authorized user of the above-mentioned credit card.

Please provide copy of ID/D/L and copy of credit card along with this form.

Friends Roofing Supplies, Inc.  
3238 Robinson Cir., Charlotte, NC 28206  
Tel. (704) 884-6905  
www.thefriendsroofing.com  
Email: [Friendsroofingmaterials@gmail.com](mailto:Friendsroofingmaterials@gmail.com)