



CLARITY GLASS WHOLESALERS
CREDIT CARD PAYMENT AUTHORIZATION

Date: _____

CUSTOMER INFORMATION:

Customer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

CREDIT CARD INFORMATION:

Cardholder Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Circle Card Type: VISA MASTERCARD AMEX DISCOVER

Credit Card #: _____

Expiration Date: _____ Billing Zip Code: _____ CVV: _____

Total Amount: _____

I hereby authorize Clarity Glass Wholesalers to process the above credit card, to which I am authorized to make purchases. I further understand that this authorization will be kept on file, and that the balance for my project will be automatically deducted upon completion.

Cardholder Signature: _____

Print Name: _____

Please fax back to 713-896-8862 or
Email info@clarityhouston.com