



**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: \_\_\_\_\_

Total Amount: \_\_\_\_\_ (\*1/2 deposit, 1/2 final payment)

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](mailto:info@clarityhouston.com)