Credit Card Authorization & Agreement

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UNIVERSAL IRON DOORS

Client Information

Client Name: _____ Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Payment Information

Name on Credit Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Card Number: _____ Exp. _____ CVV _____

Account Type: ☐ VISA ☐ ☐ DISCOVER mastercard ☐ AMERICAN EXPRESS ☐ Other

Card Type: ☐ Personal ☐ Business

AMERICAN EXPRESS & DISCOVER SURCHARGE: A 3% surcharge applies to all transactions made using American Express or Discover cards, including purchases and refunds. This surcharge is non-refundable under any circumstances.

Charge Type

_____ (Initial) **Pay in Full:** I authorize _____ to charge the total balance of $_____ today.

_____ (Initial) **Pay a Deposit:** I authorize _____ to charge a deposit of $_____ today. The remaining balance will be charged on or before _____ (date).

_____ (Initial) **Pay Later:** I authorize _____ to charge the agreed amount of $_____ on _____ (date).

_____ (Initial) **Future Payments:** I authorize _____ to charge the balance due each month. Payment will be processed on the _____ of each month for prior month fees OR according to the payment plan outlined here: _____.

By signing below, you, the customer, acknowledge and authorize our company to charge any outstanding balances. You further agree to be bound by all provisions set forth herein, including all terms and conditions of our company.

_____ _____ _____

Name Date Signature

If you would like us to retain the above card on file and authorize charges for any future invoices and/or balances, please sign below.

By signing below, you, the customer, authorize and agree that this company may retain your credit card information on file and charge any outstanding or future invoices and/or balances to this card. You further acknowledge and agree to be bound by all terms and conditions of this company. This authorization may be revoked at any time by submitting a written cancellation request via U.S. Mail.

_____ _____ _____

Name Date Signature