

CREDIT CARD AUTHORIZATION

Instructions: Complete all portions of this form, sign, date, and fax, mail or email to:
Shake & Shingle Supply, Inc.

TEXAS
200 E. Beltline Rd., Bldg. #10
Coppell, TX 75019
Fax #: (972) 462-9518
shakeandshinglesupply@verizon.net

COLORADO
481 East 66th Ave.
Denver, CO 80229
Fax #: (303) 289-5728
d.shakeshingle@gmail.com

Customer Name: _____

Order Number: _____

Business Telephone: _____

Business Fax: _____

Credit Card Type: _____ Visa _____ MasterCard _____ AMEX *

Account Number: _____ EXP. _____

3 digit code on back (V-Code) _____ * 4 digit code on front of AMEX card _____

Name as it appears on Card

Business Name

Address as it appears on Card

City, State, Zip

Telephone Number

Cardholder Name (Please Print) Cardholder Signature

I/We hereby authorize Shake and Shingle Supply, Inc. to accept telephone, faxed or email orders from the above named business and to charge the costs of these orders to my/our credit card. I/We accept full responsibility for full and proper payment to Shake and Shingle Supply, Inc. on all transactions regarding this account.

Authorized Name (printed) and signature Date

