

CREDIT CARD AUTHORIZATION FORM



TRI-CITY
INSULATION DISTRIBUTORS, INC.
501 S. Park Avenue • Linden, NJ 07036-1103
(908) 925-2323 • Fax (908) 925-2240



DATE: _____

NAME AS IT APPEARARS ON THE CARD: _____

COMPANY NAME: _____

BILLING ADDRESS OF CARD: _____

CITY: _____ STATE: _____ ZIP _____

ORDER/INVOICE# _____ AMOUNT OF CHARGES\$ _____

TYPE OF CARD: **VISA** **M/C** **AMEX**

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

CARD SECURITY CODE: _____

I, _____ AUTHORIZE THERMAL MATERIAL/TRI-CITY
INSULATION DISTRIBUTORS,/ INSULATION MATERIALS DIST. INC. TO CHARGE THE ABOVE
CREDIT CARD.

THIS AUTHORIZATION MAY BE KEPT ON FILE AND USED ON A CONTINUAL BASIS FOR FUTURE

ORDERS: YES *NO*

AUTHORIZED SIGNATURE

PRINT NAME