



Ultrachase
Cabinetry

Credit Card Payment Authorization Form

Sign and complete this form to authorize **Ultrachase Cabinetry** to make a one-time debit to your credit card listed below. If you would like to keep your card on file for future orders, please mark the box below indicating "keep on file."

By signing this form, you are authorizing **Ultrachase Cabinetry** to charge your account for the amount indicated below, on or after, the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

Please Note: A 2.5% processing fee will be applied to all credit card transactions over \$5,000.

Please complete the information below:

I, _____ (FULL NAME/ NAME ON CREDIT CARD) authorize ULTRACHASE CABINETRY to charge my credit card account indicated below for a maximum amount of \$ _____ on or after, _____ (DATE). This payment is for _____ (Estimate/ Invoice#)

Billing Address _____

City, State, Zip _____

Phone # : _____ Fax # : _____

Email : _____

Card Type: Visa MasterCard Keep on file

Cardholder Name: _____ Authorization Code: _____

Account Number: _____ Sales Person: _____

Expiration Date: _____

CVV (3 DIGIT NUMBER ON BACK OF VISA/MC): _____

CA: 714-238-9098

TX: 214-221-0901

www.ultrachasecabinetry.com

1331 N Kraemer Blvd, Anaheim CA 92806
3901 W Miller Rd, Suite 400, Garland TX 75042