

CREDIT CARD AUTOMATIC AUTHORIZATION FORM (ON FILE)

COMPANY NAME _____ COMPANY ID _____

PHONE NUMBER _____ FAX NUMBER _____

I hereby authorize Sunland® Shutter to automatically charge 50% or more of deposit / balance amount for all of my orders on my credit card as listed below that will be kept on file. I will be liable to pay any return fees of \$25 or more.

MY CREDIT CARD IS TO BE USED FOR

DEPOSIT ONLY BALANCE ONLY BOTH DEPOSIT AND BALANCES
(PLEASE MARK ONLY ONE OF THE ABOVE)

NAME AS IT APPEARS ON CARD (PRINT) _____

CREDIT CARD NUMBER _____

EXPIRATION DATE _____ 5 DIGIT BILLING ZIP CODE _____

CARD HOLDER'S DRIVER LICENSE NO. _____

CREDIT CARD TYPE MASTER 3 DIGIT VERIFICATION CODE _____

VISA 3 DIGIT VERIFICATION CODE _____

AMEX 4 DIGIT VERIFICATION CODE _____

E-MAIL ADDRESS _____

This will remain in force unless you receive written change stating otherwise

AUTHORIZED CARDHOLDER SIGNATURE _____

DATE _____

CREDIT CARD AUTHORIZATION FORM (ONE TIME)

COMPANY NAME _____ COMPANY ID _____

PHONE NUMBER _____ FAX NUMBER _____

NAME AS IT APPEARS ON CARD (PRINT) _____

CREDIT CARD NUMBER _____

CREDIT CARD TYPE MASTER 3 DIGIT VERIFICATION CODE _____

VISA 3 DIGIT VERIFICATION CODE _____

AMEX 4 DIGIT VERIFICATION CODE _____

EXPIRATION DATE _____ 5 DIGIT BILLING ZIP CODE _____

CARD HOLDER'S DRIVER LICENSE NO. _____

E-MAIL ADDRESS _____

I hereby acknowledge and authorize Sunland® Shutters to process the jobs as listed below on my credit card as indicated in this form. I will be liable to pay any return fees of \$25 or more.

JOB NO.	SO NO.	INVOICE NO.	DEP.	BAL.	AUTHORIZED AMOUNT

TOTAL AUTHORIZED AMOUNT \$ _____

AUTHORIZED CARDHOLDER SIGNATURE _____

DATE _____

AUTOMATED CLEARING HOUSE (ACH) AUTHORIZATION FORM (ON FILE)

COMPANY NAME _____ COMPANY ID _____

PHONE NUMBER _____ FAX NUMBER _____

I hereby authorize Sunland® Shutters to ACH debit my bank account automatically on 50% deposit /balance amount for all of my jobs; and understand that I will be liable for any return fees which is subject to \$25 penalty charge.

MY BANK ACCOUNT IS TO BE USED FOR

DEPOSIT ONLY BALANCE ONLY BOTH DEPOSIT AND BALANCES

(PLEASE MARK ONLY ONE OF THE ABOVE)

BANK INSTITUTION NAME _____

CITY _____ STATE _____ ZIP _____

ROUTING NO. _____ ACCOUNT NO. _____

*If the account no. provided above is a personal account, please provide the account holders Driver License No. & photo copy along with this form.

DRIVER LICENSE NO. _____

PRINT NAME OF AUTHORIZED SIGNER(S) _____

SIGNATURE OF AUTHORIZER _____

TITLE _____ DATE _____

A cancelled / voided check must be enclosed to this authorization form

AUTOMATED CLEARING HOUSE (ACH) AUTHORIZATION FORM (ONE TIME)

COMPANY NAME _____ COMPANY ID _____

PHONE NUMBER _____ FAX NUMBER _____

I hereby authorize Sunland® Shutters to ACH debit my bank account for the amount specified below and understand that I will be liable for any return fees which are subject to \$25 penalty charge. Please attached a voided check along with this form completely filled out.

*If the check provided above is a personal check, please provide the account holders License No. _____ along with its photo copy.

ATTACH CANCELLED/VOIDED CHECK HERE

JOB NO.	SO. NO.	INVOICE NO.	DEP	BAL	AUTHORIZED AMOUNT
Total Authorized Amount					

PRINT NAME OF AUTHORIZED SIGNER(S) _____

SIGNATURE OF AUTHORIZER _____

TITLE _____ DATE _____