



## Credit Card Authorization

Mail or Fax to:  
P.O. Box 728  
La Mirada, CA 90637  
lynn@royalplywood.com

Accounting Fax: 562.207.1383

**A copy of the front & back of the credit card & matching drivers license must be provided for verification.**

Business Name: \_\_\_\_\_

Customer Account #: \_\_\_\_\_

Cardholder Name (as shown on card): \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp Date (mm/yy): \_\_\_\_/\_\_\_\_

Verification Code (3 Digits): \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Invoice #: \_\_\_\_\_

Invoice amount \$ \_\_\_\_\_

Transaction Fee \$ \_\_\_\_\_

(2% TRANSACTION FEE WILL BE ADDED)

Total \$ \_\_\_\_\_

Persons authorized to charge on this credit card: \_\_\_\_\_

**By signing below, I authorize Royal Plywood to charge my credit card for the above agreed upon purchase(s). I also understand there will be a 2% transaction fee added to the amount charged.**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email address: \_\_\_\_\_

I understand that my information will be saved for future transactions on my account and agree it can be used for future orders given over the telephone or via email, with verbal consent. All future invoices are subject to a 2% transaction fee as noted above. **Initials:** \_\_\_\_\_