



# AVALON CREDIT CARD AUTHORIZATION FORM

642 East Alondra Blvd, Carson, CA 90746  
Tel: 800.422.8806 Web: avalonmirrorglass.com

Visa

Mastercard

Discover

American Express

Company Name \_\_\_\_\_  
Account Number \_\_\_\_\_ Amount of Purchase \_\_\_\_\_  
Invoice/Packing Slip \_\_\_\_\_  
Name on Card \_\_\_\_\_  
Billing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Credit Card Number \_\_\_\_\_  
Expires \_\_\_\_\_ Security Number \_\_\_\_\_

I certify that I am the authorized holder and signer of the credit card referenced above. I hereby authorize AVALON GLASS & MIRROR CO to charge my purchase to my credit card. A fax copy or photocopy of my signature below shall have the same effect as an original signature.

I authorize a one-time charge against my credit card.  
I authorize credit card to be kept on file for future transactions.

Signature \_\_\_\_\_

I would like a copy of my credit card payment receipt:

Fax      Mail      Email \_\_\_\_\_

Please return fax to AVALON at 310.323.6969

Thank You,

AVALON GLASS & MIRROR CO