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CREDIT CARD AUTHORIZATION FORM

ompany Name:
ompany Address:
none #:
nail or Fax for Invoice Delivery:
CREDIT CARD INFORMATION
I,, authorize
to charge my credit card above for agreed upon purchases. I understand that my information will be
saved to file for future transactions on my account.
Customer Signature: Date:
Card Type: 🗌 MasterCard 🗌 VISA 🗌 Discover 🗌 AMEX
Other:
Cardholder Name (as shown on card):
Card Number:
Expiration Date (mm/yy):
CVV Number (3 or 4 digit number on back of card):
Cardholder ZIP Code (from credit card billing address):
One Time Use? 🗌 Amt. Authorized: OR Leave on File