



CREDIT CARD AUTHORIZATION FORM

Company Information

Business Name _____
Address _____ City _____
State _____ Zip _____ Business Phone (____) _____

Credit Card Information

VISA _____ Exp Date: ____/____ CVV _____
 MASTERCARD _____ Exp Date: ____/____ CVV _____
 DISCOVER _____ Exp Date: ____/____ CVV _____
Name _____
Address* _____ City / State _____ Zip _____

*Mailing Address on file with Credit Card Company

Order Information

Customer # _____

Order # _____

Amount _____

Signature _____ Date _____

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