



CREDIT CARD AUTHORIZATION FORM

Company Information

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

**PLEASE NOTE: A 3.5% CONVENIENCE FEE WILL BE ASSESSED TO ALL
CREDIT CARD TRANSACTIONS EFFECTIVE 2/1/19**

Credit Card Information

VISA _____ **Exp. Date:** _____ **CVV** _____

MASTERCARD _____ **Exp. Date:** _____ **CVV** _____

DISCOVER _____ **Exp. Date:** _____ **CVV** _____

Address: _____

City: _____ State _____ Zip _____

*Mailing Address on file with Credit Card Company

Order Information

Customer # _____

Order # _____

Amount \$ _____

Signature: _____ Date: _____

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