



# TOUCH CABINETS HARDWARE, Inc.

## Credit Card Authorization Form

- Card holder must include a copy of the front and back of the credit card, as well as a valid ID.
- Please note, your credit card will be charged the corresponding amount if your account is past due more than 45 days. No prior of charge will be provided if the account is delinquent.

- Please print, sign and send by fax/email, all fields must be completed.

I  authorize **TOUCH CABINETS HARDWARE, Inc.** to charge my credit card  
(full name)

Account indicated below for \$  on or after  /  /  . This payment is for Cabinet Hardware.  
(M) (D) (Y)

Billing Address:  Phone #:

City, State, Zip:  Email:

Account Type:  Visa       MasterCard       AMEX       Discover

Cardholder Name:

Account Number:

Expiration Date:  /

CVV2 (3-digit number on back of Visa/MC, 4 digits on front of AMEX)

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

By signing this form, I authorize TOUCH CABINETS HARDWARE, Inc. to charge my credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount owed in full. I certify that I am an authorized user of this card and that I will not dispute the payment with my credit/debit card company, so long as the transaction corresponds to the terms indicated in this form.

### TOUCH CABINETS HARDWARE, Inc

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Rev. Date March 07<sup>th</sup>, 2020