TOUCH CABINETS HARDWARE

CARD-ON-FILE AUTHORIZATION

Card-on-file authorization for future purchases

CUSTOMER AND CARD-ON-FILE ACCOUNT

COMPANY / CUSTOMER NAME

CUSTOMER NO. (IF KNOWN)

AUTHORIZED PURCHASER(S) / CONTACT(S) PERMITTED TO USE THIS CARD

AUTHORIZATION EFFECTIVE DATE

CARD INFORMATION

NAME AS SHOWN ON CARD

CARDHOLDER PHONE

CARD TYPE

Visa Mastercard American Express Discover

CARD NUMBER

EXPIRATION DATE (MM/YY)

CVV SECURITY NOTE: A TOUCH representative will contact the cardholder at the phone number above to obtain the CVV solely for initial secure entry of the card. The CVV will not be written down, recorded, stored, or retained.

BILLING INFORMATION

BILLING ADDRESS

CITY

STATE

ZIP / POSTAL CODE

COUNTRY

CARDHOLDER EMAIL

BILLING PHONE

AUTHORIZATION AND SIGNATURE

I certify that I am an authorized user of the card identified above. I authorize TOUCH Cabinets Hardware, Inc. to securely store or tokenize this card and charge it for future purchases, invoices, shipping charges, taxes, and other amounts approved by me or the authorized purchaser(s) listed above. This authorization remains effective until I revoke it in writing. Revocation will not affect charges already authorized or processed. I will promptly notify TOUCH of changes to the card or billing details.

AUTHORIZED CARDHOLDER - PRINT NAME

TITLE (IF BUSINESS CARD)

CARDHOLDER SIGNATURE (TYPE OR SIGN AFTER PRINTING)

DATE