



750 Monterey Pass Road • Monterey Park • CA 91754 •

MAILING ADDRESS: P.O. BOX 63309 LOS ANGELES, CA 90063-0309

PHONE: 323-261-5122 • FAX: 323-261-8799

**CREDIT CARD AUTHORIZATION**

COMPANY NAME: \_\_\_\_\_

I hereby authorize ROOFMASTER, INC. to charge my credit card as stated below:

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Bank card issued by: \_\_\_\_\_

Bank card telephone number: \_\_\_\_\_

Credit card billing Address: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_ CVV: \_\_\_\_\_

**AUTHORIZED CREDIT CARD HOLDER:**

Print Name (as appears on card): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Amount: \_\_\_\_\_ For charges on (date): \_\_\_\_\_

Sales Order Number: \_\_\_\_\_ Tax Amount \_\_\_\_\_

When complete fax this form and a copy of credit card to Roofmaster, INC.

**Order will not be processed unless a copy of the Credit Card front & back is faxed along with authorization.**

We are sorry for any inconvenience this process may create. This is necessary to protect credit card holders and Roofmaster, Inc.

Co A/R use

ROOFMASTER, INC. Authorization Number: \_\_\_\_\_