

CREDIT CARD TRANSACTION AUTHORIZATION FORM

Dear Valued Customer:

Thank you for your order. You may use MasterCard and Visa credit cards as a method of payment. Please complete this authorization form (see confidentiality statement below) and fax it back to our customer service department at 231-843-6373. Once your completed form is received, your credit card information will be verified for approval within 24 hours. Upon approval, your order will be processed and your lead-time will begin. Within 48 hours an order confirmation will be generated and faxed back to you. This confirmation will also act as a credit card receipt.

ORDER INFORMATION:

Customer Name: _____
Contact Name: _____
Phone Number: _____ Fax #: _____
Purchase Order #: _____ Date Received: _____
Product Total (Net): \$ _____ (Estimate)
Freight (if applies): \$ _____ (Estimate)
Grand Total: \$ _____ (Estimate)

CREDIT CARD INFORMATION:

MasterCard _____ Visa _____ Expiration Date _____
Card # _____ - _____ - _____ - _____
* For confidentiality and security reasons, you can choose not to complete this boxed section, and instead, choose to give us your credit card type, number and expiration date over the telephone.

Name on card application: _____
Address on card application: _____

Card Applicant Phone #: _____

Card Holder Signature: _____ Date: _____

MULTIPLE PURCHASE OPTION:

For your convenience (so as not to have to complete this form on every order), you have the option of allowing Great Openings to use this information and signature to approve future purchase orders.

I hereby authorize Great Openings to charge the above credit card for my future purchases with the following time limit. DATE: _____

Card Holder Signature: _____ Date: _____