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CREDIT CARD AUTHORIZATION FORM

Please fill out this information so we can process your credit card payment.

Billing Name: _____ Date: _____

Project/PO#: _____ Cust. I.D. #: _____ S.O. #/Inv#: _____ Sales Rep: _____

Type of Payment: Deposit _____ Final _____ \$ _____

CARDTYPE: VISA MC DISCOVER AM. EX. CREDIT CARD DEBIT CARD
(circle one)

CARD NUMBER: _____ - _____ - _____ - _____

EXPIRATION DATE: ____ / ____
M M Y Y

SECURITY CODE: (3 digit code on the back of Visa, MasterCard and Discover cards): ____
(4 digit code on the front of American Express cards): ____

Name as it appears on card: _____

Driver's License #: _____

ADDRESS WHERE CARD IS BILLED TO : SHIPPING ADDRESS (IF DIFFERENT):

City: _____ State: _____ ZIP: _____

Tel: _____ Fax: _____

Signature: _____

Please fill out all information COMPLETELY to avoid delays in your project.