

Credit Card Authorization Form

Mark's Paint Store, Inc.
4830 Vineland Avenue
North Hollywood, Ca 91601
(818)766-3949 Phone (818)766-0068 Fax

Complete it and fax it to (818) 766-0068.

We gladly accept American Express, Visa, MasterCard, and Discover.
Please print neatly:

Your name (as it appears on YOUR credit card): _____

Your address (exactly as it appears on your credit card's billing statement):

American Express



Visa



Master Card



Discover



Card number: _____

Expiration date: _____ / _____

Customer Service phone number
(found on the back of your card) _____

Shipping Preference
U.P.S.

Ground	_____
3 Day Select	_____
2nd. Day Air	_____
Next Day Air	_____
Will Call	_____



CID



Three or four digit verification code: _____

Visa's and MasterCard's 3 digit code is on the back of your card in the area circled above.

Amount you are authorized to charge to this credit card:

Total: \$ _____ / or up to: \$ _____

I agree to pay the above charges according to the card issuer's agreement. I understand that my signature on this contract will serve as my authorization on the credit charge slip and as a signature on file for all authorized charges and outstanding balances now and in the future. I UNDERSTAND THAT USING A CREDIT CARD FRAUDULENTLY IS ILLEGAL AND CHARGES WILL BE PURSUED TO THE FULL EXTENT OF THE LAW.

Authorized Signature: _____ Date: _____

Your contact phone number: _____