



Credit card purchase

Please fill in the information below and fax to 603-435-5039. This must be received by 4PM of the day before your scheduled delivery. The information will be used to receive authorization to charge your credit card for the amount invoiced. The actual charge to your account will not be done until after you have received the delivery. If you have more than one invoice, you will be faxed over more than one copy of this, as we have to do each invoice separately.

If for some reason, the credit card is not authorized, you will be required to make payment upon receipt of the delivery or pick up.

Please charge my credit card listed below for the amount of _____, which is the amount of

my delivery/pickup on invoice #_____.

Name on the credit card. Please print.

Address_____

City, State, Zip_____

Address as appears on the credit card billing.
Authorization can be rejected if addresses do not agree.

Circle One: Visa Mastercard Discover
_____ Month _____ Year _____

Credit Card Number Expiration Date

Authorization # on the back of your card_____.

Signature of the Card Holder