



CREDIT CARD AUTHORIZATION FORM

PLEASE COMPLETE THIS AUTHORIZATION AND RETURN IT TO OUR OFFICE
BY FAX, E-MAIL, OR REGULAR MAIL.

CUSTOMER NAME: _____

Cardholder Name: _____

Address: _____

Credit Card Type:

_____ VISA _____ MASTERCARD

Credit Card Number:

_____ - _____ - _____ - _____

Expiration Date:

_____ / _____

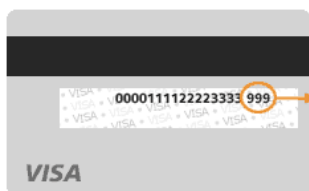
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Billing Zip Code: _____

Invoice # _____

Card Identification Number (last 3 digits located on the back of the credit card): _____



Card
Identification
Number

Amount Charged: \$ _____ (USD)

Being the cardholder or Corporate Officer, by signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize to charge my credit card, for the services provided. I understand there is a 2.9% processing fee added to the total balance charged to my credit card. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card upon request, to be charged for the payment of any outstanding balances owed. I furthermore confirm that I have received all services and goods to satisfactory conditions.

Signature: _____

Date _____

Please send the authorization to:

A Concrete, Inc.

PO Box 949

Johnstown, CO 80534

a_concrete@hotmail.com

(970) 587-2490 fax

(970) 667-6905 phone