



## 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:

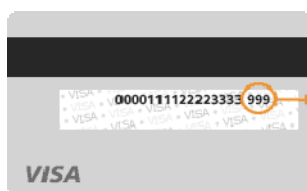
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Billing Zip Code: \_\_\_\_\_

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 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**