

Estimate/Invoice #: _____

Please complete the below credit card payment form and fax or email:

FAX: 866-804-5692 **EMAIL:** Orders@CubicleCurtainFactory.com

Your sensitive information will be destroyed unless we receive below authorization to retain in-office

Fax Paid Invoice: (____) _____ - _____ Email Paid invoice: _____

CREDIT CARD INFO:

- VISA 4 _____
- MASTERCARD 5 _____
- DISCOVER 6 0 1 1 _____
- AMERICAN EXPRESS 3 7 _____

Name on Card: _____

Expiry: ____ / ____

Security Code: _____

Amex CID: _____

CONFIRM BILL TO:

Street Address/P.O. Box

Apt/Suite #

City, State, Zip

CONFIRM SHIP TO:

Street Address (We do not ship to P.O. Boxes)

ATTN/Purchase Order #

Apt/Suite #

City, State, Zip

****SIGNATURE REQUIRED TO PROCESS ORDER – Please Sign Prior to Submittal****

By signing below, I, _____, authorize Cubicle Curtain Factory to charge my credit card listed above ending in _ _ _ , for the amount of \$ _____ . ____ in reference to the above order number only, unless otherwise specified.

Signature of Authorized Representative

Date

****Below Authorization is Optional - Please Review Closely before Signing****

I, First, Last: _____, request Cubicle Curtain Factory to store my sensitive information provided above securely on-site in order to expedite future payments and orders. To revoke this request, it must be submitted in writing with signature from an authorized signor on behalf of company or card provided.

Signature of Authorized Representative

Date of Signature