



**Payment By Credit Card Authorization Form**

Realty Window A/C # \_\_\_\_\_ Date: \_\_\_\_\_

Reference # (if applicable) \_\_\_\_\_ Sales Rep: \_\_\_\_\_

I, \_\_\_\_\_, hereby, authorize Realty Window to charge to the following described credit card in the amount and at the frequency indicated below.

Card Holder's Name (as appears on card): \_\_\_\_\_

Company: \_\_\_\_\_  Personal Card  Corporate Card

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Card Type:
<input type="checkbox"/> VISA
<input type="checkbox"/> MasterCard
<input type="checkbox"/> Discover
<input type="checkbox"/> American Express

**Charge Frequency & Amount Authorized:**  Contract Deposit  Payment

Charge Per Advertisement  Monthly  Quarterly  Semi-annually  Annually

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Authorization Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please provide a copy of your business card to fix your information, and then via fax to us: 866-586-5429. Thank you for your support!**  
Realty Window will keep all information entered on this form strictly confidential.