Cook Drywall
ACOUSTICAL SUPPLY

CREDIT CARD AUTHORIZATION FORM

CARD HOLDER INFORMATION

NAME:			
COMPANY NAME:			
BILLING ADDRESS:	CITY:	STATE:	ZIP:
PHONE NUMBER:	EMAIL:		

CARD INFORMATION

CARD TYPE: ☐ VISA	☐ MASTERCARD	☐ AMEX	☐ DISCOVER	Would you like to save this card on file?	
CARD NUMBER:				☐ YES	☐ NO
CVV:	EXP DATE:				

AUTHORIZATION DETAILS

DATE:	AMOUNT:
ACCOUNT# AND/OR INVOICE #(S)	

AUTHORIZATION & TERMS

By signing below, I authorize Cook Drywall & Acoustical Supply, Inc. to charge the card listed above for the transaction(s) specified. This authorization includes, the ability to verifiy card information with the issuing bank, charging the specified amount(s) as declared above, and retaining payment records internally for audit and dispute resolution. I confirm I am the authorized cardholder or an individual with corporate authorization to make purchases with the card information provided. I agree to not dispute charges that align with the terms outlined here. Any disputes must first be brought directly to Cook Drywall for resolution. I understand that Cook Drywall will maintain secure handling of card data in compliance with PCI standards.

PRINTED NAME:_____

SIGNATURE:_____

DATE:_____

*****Please complete this form and email to accounting@cookdrywall.com with a photo ID for processing. Please note that transactions may not be completed without ID confirmation.*****