



LOS ANGELES HEADQUARTERS:
 1340 E. 6th Street
 Los Angeles, CA 90021
 Tel. (213) 622-2003
 Fax. (213) 226-4650
 E-mail: sales@etodoors.com

NY SHOWROOM:
 18 Jericho Tpke
 New Hyde Park, NY, 11040
 Tel: (516) 775-7077
 Fax: (516) 858-3543
 E-mail: sales@etodoors.com

Credit Card Authorization Form

Company Name: _____ **DATE:** _____
Customer Name: _____ **INVOICE/ESTIMATE#:** _____

I authorize ETO Doors Corp. to charge my personal/company credit card for the amount below to pay invoice/estimate number above.

For material of: _____

We MUST have your correct BILL TO address for verification by your credit card company. This is the address where they send your monthly statements. If any of the information is incorrect, it will delay your order and additional processing charges may apply. We will contact you via email if there are any problems. Please understand that this is an internet credit card regulation to insure online security and is required by all credit card issuers.

Visa, Master Card, American Express & Discover require Billing Address Verification and only allow us to ship to a verified alternate address.

Not all online merchants follow the regulations, but as a 100% secure processing site, we comply with all Internet "card not present" anti-fraud procedures. We hear time and time again that "other companies are not following security regulations that are required by all credit card issuers. Wouldn't you like to know your personal information is being treated with the utmost security and respect? You can be assured that when you buy at www.etodoors.com we will diligently protect all credit card accounts rather than disregarding fraud prevention procedures in order to make a buck online.

*** Many credit cards only allow shipping to the verified billing address. If your card issuer does not accept alternate shipping addresses, we can only ship to the verified billing address. (P.O Box address will not be accepted as a billing or shipping address)

NOTE: Any remaining balance on invoices will be charged in full the day before delivery/pick up, using the credit card authorized.

Card Type: VISA MASTERCARD AMEX DISCOVER

Last 4 Digits: ____-____-____-____ **Total Amount: \$** _____

Billing Address: _____ **Shipping Address:** _____ Check this box if same as the Billing Address

Name: _____ _____ Street: _____ _____ City: _____ State: _____ Zip Code: _____ Tel.: (____) - _____ - _____	Name: _____ _____ Street: _____ _____ City: _____ State: _____ Zip Code: _____ Tel.: (____) - _____ - _____
--	--

Signature: _____ **Date:** __/__/__

*** NOTE: FOR SECURITY PURPOSES, THIS PORTION WILL BE CUT AND DISCARDED AFTER THE TRANSACTION ***

Name on Card: _____

Card Number: _____ - _____ - _____ - _____

Expiration Date: ____/____

Security Code: ____-____-____