



CREDIT CARD AUTHORIZATION

AMEX
MC - VISA 3% FEE

BUSINESS
NAME: _____

CWP SALES ORDER# _____ INVOICE # _____

CARD
NUMBER: _____

SECURITY CODE: _____ EXPIRATION DATE: _____

PAYMENT
AMOUNT \$ _____ 3% Service Fee \$ _____

TOTAL CHARGE \$ _____

CREDIT CARD HOLDER
NAME: _____

BILLING ZIP CODE: _____

PHONE NUMBER _____

REQUEST/AUTHORIZED
BY: _____

SIGNATURE: _____

Upon completion, please email to mary@creativewood.net
If you have any questions, please call 510-635-5399 Ext. 103