



Credit Card Authorization Form

I hereby authorize Chameleon Glass to charge my credit card for the items I wish to purchase per the terms and conditions in place to order product from Chameleon Glass.

Credit Card Type (Circle one.)



This card is to be kept on file for regular purchases.

Credit Card # _____ - _____ - _____ - _____

Expiration Date ____ / ____ / ____

Card ID# _____

AMEX- 4 digits above card # on front. Visa, M/C, Discover - 3 digits after card # on back.

Approximate amount that will be charged to my credit card: \$ _____

Billing Address

Name _____

Address _____

City _____ State _____ Zip _____

Shipping Address Same as billing address.

Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Your email address will not be used for marketing purposes, it is only used to send an electronic copy of your invoice for your records.

Signature of Card Holder _____

Printed Name of Card Holder _____

Finalized invoices are sent automatically to your email address.