

FAX TO: (732) 677-1033

Stavola Companies

Credit Card Customer Authorization Form

Date: _____

Stavola Company product was purchased from: _____

Customer Name: _____

Type of Credit Card (Visa, Master or Amex): _____

Credit Card Number: _____

Credit Card Expiration Date: _____

CVU Code (# next to signature on back side): _____

Customer Billing Zip Code: _____

Gross amount of invoices being paid: _____

Late invoice CC service charge: _____

Total amount authorized for payment: _____

I authorize the above Stavola Company to process the "amount authorized for payment" on the credit card listed above.

Signature: _____

Printed Name: _____

Cell Phone: _____

Fx Number: _____

Please provide detail of invoices being paid:

