

Credit Card Authorization Letter

I, _____, authorize the use of my credit card described

(Print name as it appears on the card)

Below for charges related to services provided by K&K Floors Maryland, Inc.

Job Name: _____, Job Number(P.O.): _____

Credit Card Type: Visa, Discover, Master card (Circle one)

Credit Card Number: _____

Expiration Date: _____

3 Security numbers : _____, Zip Code: _____

Name of Card Holder: _____

Signature: _____

****Note:** Must include **a copy of front and back of the credit card**. The back of the credit card must be **signed**.

_____ I understand that the amount charged to my credit card will be reflected on my credit card
(Initial) statement within seven days of authorization. The amount charged is based on services
requested by me and prices stated in the K&K Floors Maryland, Inc. rate card.

_____ I understand that the amount charged to my credit card will be reflected on my credit card
(Initial) statement within seven days of authorization. The amount charged is based on services
requested by me and prices quoted by K&K Floors Maryland, Inc.

Signature: _____

Date: _____

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