



15 KENSICO DRIVE  
MT. KISCO, NY 10549  
914-666-2029 FAX 914-244-9210

**CREDIT CARD AUTHORIZATION FORM**  
**(Visa or MasterCard)**

Date: \_\_\_\_\_ Quote #: \_\_\_\_\_ (attach copy of quote)

Cardholder's Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax or Email: \_\_\_\_\_

Card Type: MasterCard: [\_\_\_\_\_] Visa: [\_\_\_\_\_]

Card Number: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

Expiration Date (MM/YY): \_\_\_\_ / \_\_\_\_ CVS : \_\_\_\_

Deposit amount will be charged now. Balance amount will be charged to same card upon installation, delivery or shipping.

Deposit: \$ \_\_\_\_\_ Balance: \$ \_\_\_\_\_

I agree to pay the above total amount according to my card issuer agreement.

>>> SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please **FAX** signed authorization to Brooks Custom at **(914) 244-9210**.

=====OFFICE USE ONLY:=====

JOB/INVOICE #: \_\_\_\_\_

DEPOSIT: \$ \_\_\_\_\_

BALANCE: \$ \_\_\_\_\_

CHARGE DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRIOR AUTH DATE: \_\_\_\_\_

AUTH #: \_\_\_\_\_

AUTH #: \_\_\_\_\_

AUTH #: \_\_\_\_\_

CR #: \_\_\_\_\_

CR #: \_\_\_\_\_