



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

NEW ORDER AUTHORIZATION FORM

Customer Name: _____ Quote #: _____ (*attach copy of quote*)

CREDIT CARD PAYMENT: (*Visa or MasterCard only*)

Cardholder's Name: _____ M/C: _____ Visa: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Card Number: _____ -- _____ -- _____ -- _____

Expiration Date (MM/YY): ____ / ____ 3-digit security code: ____

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

Deposit: \$ _____ Balance: \$ _____

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

>>> CARDHOLDER'S SIGNATURE: _____ DATE: _____

PROJECT OPTIONS: *Please select a delivery option and answer the questions for that option.*

_____ I need Brooks Custom to provide **Template and Installation** services for this project.

Are you ready for the template now? _____ If NO, approx. date you will be ready: _____

_____ I need Brooks Custom to fabricate my order **based on specifications that I will provide.**

Will you be providing a full-sized template to be used in fabrication? _____

If YES, has the template been shipped yet? _____

If NO, do you want Brooks to use the exact dimensions and details that you provided when you requested the quote? _____

PROJECT NOTES: For all projects, we will Fax or Email to you our proposed shop drawing after the template appointment or after we have received the final specifications from you.

**** We will not start fabrication until the shop drawing is returned with your signature. ****

Please FAX this signed authorization to (914) 244-9210. Thank you for your order!