

CREDIT CARD AUTHORIZATION FORM

I, _____ HEREBY AUTHORIZE FLEXKRETE TECHNOLOGIES,
TO CHARGE MY CREDIT CARD FOR THE AMOUNT BELOW

AMERICAN EXPRESS / VISA / MASTERCARD

CREDIT CARD NUMBER:

EXPIRATION DATE: _____ / _____ SEC CODE: _____

Exact name as it appears on credit card: _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____

Zip Code: _____

Telephone: _____ Fax _____

Email _____

Cardholder's Signature

Date:

*Please fax or email the signed credit card authorization form to
256-847-3457 secure fax - FLEXKRETE@ARRISCONSTRUCTION.COM*