



iCork Floor LLC

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Credit Card Billing Authorization Form:

Quotation #	
Cardholder Name:	
Credit Card Type:	Visa [<input type="checkbox"/>] MasterCard [<input type="checkbox"/>]
Credit Card Number	
3 #on the back of your VISA, MC	
Expiration Date:	
Billing Address:	
Telephone Number:	
Cellular Phone #	

I do hereby authorize iCork Floor to charge \$ _____ to the above VISA/Master for flooring order.

Authorized Signature: _____

Date: _____

For your convenience iCork Floor LLC. accepts VISA or MasterCard. Please PRINT all information clearly and accurately, sign and fax the completed form to **1-866-373-6520**