



72 Mina Ave | Clifton, New Jersey 07011

Phone: 973-253-0570

Fax: 973-253-0575

Credit Card Authorization Form

Please complete and fax to 973-253-0575 or email to Sales@AtheniaMason.com

I, _____, hereby authorize Athenia Mason Supply, to charge my credit card account in the amount of: \$_____ for Invoice #: _____.

Front (or Back) of Card

Name and Card Number must be visible.

Front of Driver's License

Name on License must match Credit Card.

CVV (3 Digit Code on Back of Visa/MC, 4 Digit Code on Front of Amex): _____

BILLING INFORMATION

Billing Address: _____

City: _____ State: _____

Zip Code: _____ Telephone: _____

AUTHORIZATION

As the credit card holder, I hereby authorize Athenia Mason Supply to charge the above listed card.

Cardholder's Signature _____ Date _____

ALL FIELDS ARE REQUIRED AND MUST BE COMPLETED

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud.

Visit us online at AtheniaMason.com