

# VANMILLWORK

INTERIOR SPECIALISTS

27 South Maple Street  
Bellingham, MA 02019  
Tel 508.966.4141/Fax 508.966.3835

## Payment Authorization Form

Date: \_\_/\_\_/\_\_\_\_ Territory Manager: \_\_\_\_\_

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Ph: (\_\_\_\_) \_\_\_\_\_ Business Ph: (\_\_\_\_) \_\_\_\_\_

Cell Ph: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State of Issue \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_

Business Type (please circle one):

Homeowner    Builder    Remodeler    Carpenter    Other: \_\_\_\_\_

**Method of Payment:** Please circle one payment option below.

- 1.) Pay by Check** Payment in full is required prior to production of sales order.
- 2.) Pay by Credit Card** Your card will be pre-authorized on the date of order, however, your card will not be charged until the actual date of delivery.

**Credit Card Information:** Please complete the following *mandatory* information.

Card Number: \_\_\_\_\_ Exp. Date: \_\_/\_\_\_\_

Name (exactly as it appears on card): \_\_\_\_\_

Issuing Bank: \_\_\_\_\_

VOB# (Visa/MC/Disc last 3 digits on back, AMEX 4 digits on front):# \_\_\_\_\_

Circle One: Visa/ Master Card/ Discover/ American Express

Zip Code of Billing Address: \_\_\_\_\_

Payment Authorization Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Note: All special orders require payment in full at time of order placement.