



Builders' Exchange OF SANTA CLARA COUNTY

Credit Card Authorization Form

(please keep a copy for your records)

Please Print

Company _____

Main Contact _____

Billing
Address _____

Phone _____ Fax _____

Credit Card Number _____ Exp. Date _____

Card Type (Circle): AMEX VISA MAST DISC CSV CODE _____

Name as it appears on Card _____

I authorize Builders' Exchange to charge our credit card the following amount

Amount

Signature

Date

Print Name

Thank you!