



CREDIT CARD AUTHORIZATION FORM

PLEASE FILL OUT AND COMPLETE THIS AUTHORIZATION FORM AND RETURN TO US.

All information will remain confidential.

Cardholder Name (as it appears on the card): _____

Billing Address: _____

Credit Card Type: _____

Credit Card Number: _____

Expiration Date: _____

Card Identification Code: _____

Amount to Charge: \$_____

By signing this form, you give YOUNG WINDOWS, INC. permission to charge your account for the amount indicated above. This is permission for a single transaction only and does not provide authorization for any additional unrelated charges to your account.

Cardholder Name (Please Print Name): _____

Date: _____

Cardholder Signature: _____

Please send completed form via email to Dan Fisher (Sales Manager) at DTF@youngwindows.com AND Andrea Calsam (Inside Sales Coordinator) at ALC@youngwindows.com. You may also fax completed forms to 610-828-2144 or call with all credit card information.