



CREDIT CARD AUTHORIZATION FORM FORM:

I _____ authorize EverLasting Coatings & Paints, LLC to charge the following credit card for the amount below:

Name on Card: _____

Type of Card: _____

Card Number: _____

V-Code (3 digits on signature stripe on back of card): _____

Expiration Date: _____

Sale Amount: _____

Our PO#: _____

Signature:

Date _____

Phone Number: _____

Billing Address on credit card: _____

Shipping Address: _____

FAX BACK TO: 301-593-0074