



3876 Mercantile Avenue  
Naples, FL 34014  
TEL#: (239) 643-288 FAX#: (239) 643-6285

## CREDIT CARD AUTHORIZATION FORM

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

I, \_\_\_\_\_, certify that I am the authorized holder and signer of the credit card referenced below. I hereby authorize **Ruben Sorhegui Tile** to charge my credit card referenced below in order to pay for all goods and services purchased. Authorization is effective beginning on the date below and continues until I request, in writing, that no further charges be assigned to this card.

Date \_\_\_\_\_

Credit Card Type (Circle one):

Visa    Mastercard    Discover    American Express

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Credit Card Verification Code: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

THE SIGNATURE BELOW IS AS IT APPEARS ON MY CREDIT CARD. I HEREBY AUTHORIZE RUBEN SORHEGUI TILE TO CHARGE MY CREDIT CARD FOR ORDERS PLACED BY MY AGENT OR MYSELF TO THE CARD LISTED ABOVE. I AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

All credit card sales will have a 3.5% convenience fee of the order's total

All sales are final. No material is to be returned without written permission. PAST DUE BALANCES WILL BE SUBJECT TO LATE PAYMENT FEES. APPLICANT AGREES TO PAY ANY COLLECTION COSTS INCURRED TO COLLECT THE AMOUNT BALANCE, INCLUDING REASONABLE ATTORNEY'S FEES. ALL CLAIMS WILL BE FILED IN COLLIER COUNTY, FLORIDA.

SIGNED AND AGREED \_\_\_\_\_

DATED ON \_\_\_\_\_