



14711 Artesia Blvd.
La Mirada, CA 90638
Ph (714) 523-1721
Fax (714) 523-7894

TELEPHONE CREDIT CARD AUTHORIZATION

This form must be completed by the customer and **EMAILED** or faxed back to Forest Plywood Sales PRIOR to delivery of any material. **FAX TO (714) 523-7894** ATTENTION: Acct. Dept. or email to: **igonzalez@forestplywood.com**.

If you would like a receipt, please fill in your email address:

ONE TIME AUTHORIZATION

I hereby authorize FOREST PLYWOOD to charge my credit card for this ***ONE TIME Purchase only. The Administration Fee is 3% of the invoice total or of the credit card payment processed.***

Credit Card:	<input checked="" type="radio"/> Visa	<input type="radio"/> M/C	<input type="radio"/> Discover	<input type="radio"/> American Express	Expiration Date:	<input type="text"/> M / <input type="text"/> Yr												
Card Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Card 3 or 4 digit Security Code:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Name on Card:	<input type="text"/>												
Billing Address	<input type="text"/>										St	<input type="text"/>	Zip	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Company Name:	<input type="text"/>																	
Total Amount of Purchase:	\$	<input type="text"/>	Salesa Order Number:	<input type="text"/>														
Authorized Signature:	<input type="text"/>										Date:M/D/Yr(xxxx)	<input type="text"/> M / <input type="text"/> D / <input type="text"/> Yr xxxx						

KEEP CREDIT CARD ON FILE

I hereby authorize FOREST PLYWOOD to charge my credit card for **ANY PURCHASES MADE OVER THE PHONE BETWEEN THE DATES OF:** M D Yr xxxx And M D Yr xxxx

The Administration Fee is 3% of the invoice total or of the credit card payment processed.

Credit Card:	<input type="radio"/> Visa	<input type="radio"/> M/C	<input type="radio"/> Discover	<input type="radio"/> American Express	Expiration Date:	<input type="text"/> M / <input type="text"/> Yr												
Card Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Card 3 or 4 digit Security Code:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Name on Card:	<input type="text"/>												
Billing Address	<input type="text"/>										St	<input type="text"/>	Zip	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Company Name:	<input type="text"/>																	
Total Amount of Purchase:	\$	<input type="text"/>	Salesa Order Number:	<input type="text"/>														
Authorized Signature:	<input type="text"/>										Date:M/D/Yr(xxxx)	<input type="text"/> M / <input type="text"/> D / <input type="text"/> Yr xxxx						