



CREDIT CARD AUTHORIZATION FORM

Date\_\_\_\_\_

I \_\_\_\_\_ Authorize **CEMENT PRO** to charge my credit card.  
(NAME) (VENDOR'S NAME)

**\*\*\*NOT TO EXCEED \$6,000.00 PER TRANSACTION. WE ONLY EXCEPT VISA CARD, MASTER CARD AND DISCOVER CARD. YOU WILL BE CHARGED AN 3.5% CREDIT CARD PROCESSING FEE OF TOTAL AMOUNT. THANK YOU**

CREDIT CARD TYPE \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_ USD.

EXPIRATION DATE \_\_\_\_\_

CVV CODE \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

BILLING ZIP CODE \_\_\_\_\_

NAME ON CARD \_\_\_\_\_  
(As it appears on card)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**E-MAIL OR FAX TO:**

Cement Pro – [customerservice@cementpro.us](mailto:customerservice@cementpro.us) Office Manager or  
Fax # 951-300-0306

NOTES:

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