

Turn Key Scaffold, LLC



Confidential – DO NOT FILE OR COPY

Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential

Name on Card: _____

Billing Address: _____

Credit Card Type: ___ Visa ___ Mastercard ___ Discover ___ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

Amount to Charge: \$ _____ (USD)

I authorize _____ to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

PLEASE CHARGE THE CARD ACCORDING TO THE INFORMATION ON THIS CREDIT CARD AUTORIZATION FORM. ANY CHARGES THAT ARE NOT IN ACCORDANCE TO THIS CCA WILL BE DISPUTED AS THIS IS A CONTRACT.