

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 or 4 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. By signing this form, you give TKS permission to charge your account for the amount indicated plus an additional non-refundable 4.00% merchant fee.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

PLEASE CHARGE THE CARD ACCORDING TO THE INFORMATION ON THIS CREDIT CARD AUTHORIZATION FORM. ANY CHARGES THAT ARE NOT IN ACCORDANCE TO THIS CCA WILL BE DISPUTED AS THIS IS A CONTRACT. I CERTIFY THAT I AM AN AUTHORIZED USER OF THIS CREDIT CARD AND THAT I WILL NOT DISPUTE THE PAYMENT WITH MY CREDIT CARD COMPANY; SO LONG AS THE TRANSACTION CORRESPONDS TO THE TERMS INDICATED IN THIS FORM.