



Phone Sale and Authorization

This letter is to authorize the use of the following credit card for the purchase reference below:

To: _____ Fax: _____

Card Holder Name: _____

Service Location Address: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Credit Card Type (Circle One): **Master Card** **Visa** **Amex** **Discover** **Other:** _____

Credit Card Number: _____

Security Code/CVV Code: _____

Expiration Date: _____, 20_____

I authorize the use of this card for payment on the following transaction:

Amount Authorized: \$ _____

Authorized Signature: _____

Printed Authorized Name: _____

Email this completed authorization to accounting@callallgood.com with a copy of both sides of your credit card and the card holder's driver's license or other state issued ID.

If email is not available, please fax to 404-567-6048.

Note: This authorization is for the above referenced transaction only. If further charges are required we will require a second form to be submitted.

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