

P.O. Box 938
Westbury NY 11590

www.ccsprinkler.com
Office: (516) 334-2042
Fax: (516) 338-0388



Please accept this letter as authorization to use my credit card as payment for any balance which is unpaid in a timely manner.

Today's Date: _____

Customer Name: _____
(Full name as it appears on the credit card)

Customer Full Address: _____

Address/Billing Address: _____
(If different)

****BILLING ZIP CODE**** _____

Type of Credit Card: _____
(VISA / MASTERCARD / DISCOVER)

Credit Card #: _____

Expiration Date (MM/YR): _____

Security numbers on the back of the card: _____

American Express has 4 digits on the front right: _____

Customer # / Contact #: _____

Email: _____

*All information above is correct and by signing this form I, _____,
authorize C & C Sprinkler Inc. to apply your credit card to any charges that you incur.*

Cardholder's Signature: _____

Please fill out form completely and fax or mail with a copy of cardholder's driver license.