Rugby
Architectural Building Products

CREDIT CARD AUTHORIZATION FORM

By signing below I _____, hereby authorize Rugby ABP Corp. to charge my credit card account.

( ) AMEX **( ) MASTERCARD** **( ) VISA**

Credit Card Number: _____ / _____ / _____ / _____

Expiration Date: _____ / _____

CVV Code: _____ (3 digit number on back of card MC / Visa, 4 digit number in front on card AMEX)

AMOUNT $ _____
(No Discount on Credit Card Payments)

BILLING ADDRESS

Company: _____

Street: _____

City: _____ State: _____

Zip Code: _____ Telephone: _____

_____ _____
Cardholders Signature Date

For Office Use Only : Account # _____

SO / Inv # _____

Your completion of this authorization form helps us protect you, our valued customer, from credit card fraud. Rugby ABP Corp. will keep all information entered on this form strictly confidential.