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CREDIT CARD AUTHORIZATION FORM

COMPANY _____

ADDRESS _____

BILLING ADDRESS MUST MATCH ADDRESS HELD BY CARD COMPANY

TELEPHONE # _____ JOB NAME _____

JOB # _____

AS THE CREDIT CARD HOLDER, I HEREBY AUTHORIZE INDUSTRY PROPS TO
PROCESS A CHARGE ON MY CREDIT CARD FOR THE AMOUNT OF

\$ _____ USD

PLEASE SELECT CARD TYPE VISA MASTERCARD AMEX OTHER

NAME ON CARD _____

CARD NUMBER _____

EXPIRATION DATE _____ / _____ CVV _____
MONTH YEAR 3-DIGIT CODE

CARDHOLDER SIGNATURE _____

DATE _____