



GLASSWERKS LOS ANGELES CREDIT CARD AUTHORIZATION

Visa Mastercard Discover American Express

Company Name: _____
Account Number: _____ Amount of Purchase: _____
Invoice/Packing Slip: _____
Name on Card: _____
Billing Address: _____
City: _____ State: _____ Zip: _____
Credit Card Number: _____
Expires: _____ Security Number: _____

I certify that I am the authorized holder and signer of the credit card referenced above. I hereby authorize GLASSWERKS LOS ANGELES to charge my purchase to my credit card. A fax copy or photocopy of my signature below shall have the same effect as an original signature.

- I authorize a one-time charge against my credit card.
 I authorize credit card to be kept on file for future transactions.

Signature: _____

I would like a copy of my credit card payment receipt:

Fax Mail Email _____

Please return fax to GLASSWERKS LOS ANGELES at 323.789.1571.

Thank You,

GLASSWERKS LOS ANGELES