Lexfloor Inc.

733 HABOUR WAY SOUTH • RICHMOND
CALIFORNIA 94804
PHONE: 866.453.9426 • FAX: 510.965.9495
www.lexfloor.com

Please fax signed and completed form to 510.965.9495

Credit Card Authorization

CREDIT CARD NUMBER: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

SECURITY CODE :
(on back of card) |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

TYPE OF CARD: ☐ VISA ☐ MASTER CARD ☐ AMEX ☐ OTHER

EXPIRATION DATE: |___|___|___|___|___|___|___|___|___|___|
(Date) (Month) (Year)

AMOUNT AUTHORIZED NOT TO EXCEED BALANCES OF INVOICES: _____

NAME AS TO APPEARS ON THE CARD: _____

CREDIT CARD BILLING ADDRESS:

|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
City State Zip Code

I, the undersigned hereby authorize LEXFLOOR INC and/or related parties to charge the above amount to my credit card and hereby confirm that the undersigned shall pay for same with no rights of offset.

_____
Signature: Date:

_____
Name