



1353 W 2nd Street Taylor, TX 76574
Phone: 512.352.6355 Toll Free: 866.585.7623
Fax: 512.853.4077 order@taylorcraftdoor.com

Payment Authorization

TaylorCraft Cabinet Door Company offers several payment options. Please print your contact information below and choose a payment method, then choose one time or recurring authorization and complete the corresponding sections. We look forward to serving you.

Billing Contact Information - Please Print

Company Name: Contact Name:
Phone: Email Address #:

1. Choose Payment Method

Credit Card

Credit Card Type (Check one): Visa Master Card American Express Discover

Name on Card:

Credit Card Billing Address:

City/State/Zip:

Credit Card #:

Expiration Date #: Verification #: (3#s on back of Visa/MC/Discover, 4#s on front of Amex)

ACH

Bank Name: Check #(if applicable):

Account #: Routing #:

2. Choose One-Time or Recurring Payment Authorization

One Time Payment Authorization

I (we) hereby authorize TaylorCraft Cabinet Door Company to charge the above listed credit card, or process the ACH payment for goods and/or services in the amount of the total shown hereon. I (we) also agree to perform the obligations set forth in the Cardholder's agreement with the issuer. I(we) understand TaylorCraft will charge a \$30 insufficient funds fee for each ACH payment with insufficient funds. Upon receipt of one-time payment authorization, quoted job will be placed into production.

TaylorCraft Quote #: Total Job Amount: \$

Recurring Payment Authorization

I (we) hereby authorize TaylorCraft Cabinet Door Company to make recurring charges to the above listed credit card, or process the ACH payment for goods and/or services each time a payment is due according to my (our) approved terms. The authority will remain in effect until TaylorCraft Cabinet Door Company is notified by me (us) in writing to cancel it in such time as to afford TaylorCraft Cabinet Door Company and Credit Card Company or Bank a reasonable opportunity to act on it. I (we) also agree to perform the obligations set forth in the Cardholder's agreement with the issuer. I (we) understand that on the occasion the card on file is declined, someone will contact me (us) immediately for alternative payment. I (we) understand TaylorCraft Cabinet Door Company will charge a \$30 fee for each returned check/ACH payment with insufficient funds.

I (we) hereby certify that the above information is correct and authorize the above selected payment method and terms. I (we) understand our bank statement is our receipt.

Signature: Date:

Print Name: Title: