

Credit Card Authorization Form

The purpose of this form is to make sure there is a clear understanding between a buyer and Comstock-Castle Stove Company to process a particular credit card payment. Please fill in the required information and fax back to 1-800-637-9177. Please print.

Type of Card: American Express ____ VISA ____ MasterCard ____

Card Number: _____ Expiration Date: _____

Security Code on Card: _____

These are either the last 3 digits on the reverse of a VISA or MasterCard in the signature line or on a American Express card it is a 4 digit number just above & to the right of the card number on the front.

Name on Credit Card: _____

Billing Address of the card: _____

Billing telephone number: _____

I authorize the amount of _____ to be charged to the above card:

Authorized Signature

If you have any question about this form, please call Comstock-Castle Stove Co at 800-637-9188

Ship the equipment to the following address: _____

