



MUTUAL HARDWARE

36-27 VERNON BLVD., LONG IS. CITY, NY 11106

TEL: 866-361-2480 / FAX: 718-786-9591

Credit Card Authorization Form

*Complete and fax back to 718-786-9591.
Please print clearly.*

I, _____, authorize Mutual Sales Corporation d/b/a
Print Name

Mutual Hardware to charge my credit card for the sum of \$ _____.
Total Amount Due

Card Type: Visa MasterCard American Express
Circle One

Credit Card # _____ - _____ - _____ - _____

Expiration Date: _____ / _____ Security Code: _____
Month Year (Visa or MC 3-digit on the back of the card / Amex 4-digit on front of the card)

Name as it appears on the Card: _____

Company Name: _____

Cardholder's Telephone Number: (____) - ____ - ____
Area Code

Cardholder's Fax Number: (____) - ____ - ____
Area Code

Billing Address: _____
City State Zip Code

Shipping Address: _____
City State Zip Code

Contact: _____ Telephone Number: (____) - ____ - ____
Please include first and last name Area Code

I hereby authorize Mutual Sales Corporation d/b/a Mutual Hardware to charge my card for the amount noted above. I agree to pay the total amount due according to the card issuer agreement. If I've encountered any discrepancies, decide to return and/or exchange any merchandise, I understand that I must contact the vendor, Mutual Hardware, in a timely fashion, before I attempt to do so. I understand that some items may not be returnable or refundable. I understand that in the event of returning items there may be a 20% restocking fee accrued on my account. If so, I will be notified beforehand. I agree to have this fee deducted from my account if necessary.

By, signing below, I am admitting that the information I have provided is true and accurate. Also, by signing this document, I agree to comply with all of the terms noted above.

Cardholder's Signature: _____ Date: _____ / _____ / _____
Month Day Year