Chicago Scaffolding Inc.
4824 W. Lake St, Chicago, IL, 60644
Tel: 800 – 355 – 0099
Fax: 773 – 287 – 8788
www.chicagoscaffolding.com

CREDIT CARD AUTHORIZATION FORM

Date:_____

Company Name:_____

Requested By:_____

Phone#:_____

Type of card :

☐ **Visa** ☐ **Master Card** ☐ **Discover** ☐ **AMEX**

Credit Card Holder Name:_____

___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Exp. Date : ___ ___ / ___ ___ **Billing Zip Code: _____**

3 Digits on the back of the card ___ ___ ___ **4 Digits on the AMEX card ___ ___ ___ ___**

Amount $: _____._____

Authorization Signature:_____

Print Name of Signatory:_____