



Credit Card Authorization Form

Billing Information:

Name:	
Address:	
City:	
State:	
Zip:	
Phone:	

Card Information:

Credit Card Number:			
Card Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> Amex	<input type="checkbox"/> MasterCard
Security Code:			
Expiration Date:			

Installation Information:

Property Name:	
Address:	
City:	
State:	
Date:	

I agree that House of Floors, Inc. will charge my credit card for charges in the amount this statement or the signed estimate provided separately.

Signature:	
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Internal Use Only:

Invoice Number:		Amount:		Posted:	
Invoice Number:		Amount:		Posted:	
Invoice Number:		Amount:		Posted:	
Invoice Number:		Amount:		Posted:	
Invoice Number:		Amount:		Posted:	
Invoice Number:		Amount:		Posted:	

Orlando
 526 Florida Central Parkway
 P.O. Box 522618
 Longwood, FL 32752-2618
 (407) 830-6999 (888) 920-6999
 Fax (407) 830-8657

Tampa
 8521 Sunstate Street
 Tampa, FL 33634
 (813) 249-7600 (877) 249-7600
 Fax (813) 886-8845

Jacksonville
 11210 Phillips Industrial Blvd East
 Suite 8
 Jacksonville, FL 32256
 (904) 262-6989 (888) 930-6999
 Fax (904) 262-9062

Palm Beach/Miami
 1081 Holland Drive
 Boca Raton, FL 33487
 (561) 989-0599 (888) 561-6999
 Fax (561) 989-0299

Sarasota/Naples
 P.O. Box 669
 Tallevast, FL 34270
 (941) 752-9924 (866) 203-6999
 Fax (941) 752-2274