

NorthEast Windows USA, Inc.

Merrick, NY 11566

PH: (516) 378-6577 Fax: (516) 868-3577

Credit Card Authorization

Business Name:

Date:

I, _____ authorize NorthEast Windows
USA, Inc. to use my Visa, MasterCard, American Express credit card number

Exp. Date

AND 3 or 4-digit security code (back of card) _____ in the amount
of

NAME ON CARD:

AUTHORIZED SIGNATURE: