



# Century Composites LLC

A Division of Shamrock Industries

140 Celtic Blvd. Tyrone, GA 30290 USA Phone 770-632-7112 Fax 770-632-7115

[www.century-composites.com](http://www.century-composites.com)

## CREDIT CARD AUTHORIZATION FORM

I, \_\_\_\_\_ (full name as appears on the credit card) authorize  
**Century Composites LLC** to charge my credit card account in the amount not to exceed:  
\$\_\_\_\_\_.

**Visa**       **MasterCard**

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_      Security Code: \_\_\_\_\_

### Credit Card Billing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: (if not US) \_\_\_\_\_

Telephone: \_\_\_\_\_

### Requested Ship To Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: (if not US) \_\_\_\_\_

Telephone: \_\_\_\_\_

*As the credit card holder, I hereby authorize receipt of goods at the shipping address above.*

\_\_\_\_\_  
Cardholder's Signature      \_\_\_\_\_  
Date

**(Optional)** As the credit card holder, I also authorize **Century Composites LLC** to charge my credit card for future purchases verbally approved by me.

Authorization Valid Until: \_\_\_\_ / \_\_\_\_      Initial Here: \_\_\_\_\_

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. Century Composites LLC will keep all information entered on this form strictly confidential. Thank you for your business!