



## Credit Card Authorization Consent Form

I, \_\_\_\_\_ hereby authorize Kitchen Tops Inc to charge my credit card for products and service.

### Type of Card:

- Visa
- Mastercard
- Discover
- AMEX

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

Expiration Date: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Credit Card Billing Address:  
\_\_\_\_\_

Total amount to be charged: \_\_\_\_\_ \$ Dollars

Authorized Signature of Cardholder: \_\_\_\_\_

By signing this, I acknowledge the charges described on this form, assume full responsibility for all said charges and agree to honor and abide by the terms of payment. I acknowledge and accept Kitchen Tops Inc Terms and Conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_