

Credit Card Authorization



Great Value Stores

243, Quigley Blvd Ste K, New Castle, DE 19720

Customer Number: _____

Date: _____

Customer Information

Name _____

Address _____

City, ST Zip Code _____

Phone 1 | Phone 2 _____

Fax | Email _____

Billing Information

Cardholder's Name _____

Billing address _____

City, ST Zip Code _____

Credit Card 1 Visa MasterCard Amex Discover

Credit card type | Exp. date _____

Card# _____

Credit Card 2 Visa MasterCard Amex Discover

Credit card type | Exp. date _____

Card# _____

I hereby authorize use of the above listed credit cards , effective immediately & valid until revoked by Cardholder. Credit & debit cards are accepted at time of sale. Invoices charged to credit or debit card at a later date will incur a 3% accommodation fee.

Signature(s) _____ Date

For office use only

Credit Card 1 _____

Credit Card 2 _____