Posillico Materials, LLC

Credit Card Authorization Form

CARD HOLDER INFORMATION

Company Name: _____ **Name on Card:** _____

Card Holder Billing Address: _____

Billing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Email:** _____

PAYMENT AUTHORIZATION

Card Type: ☐ Visa ☐ Mastercard ☐ American Express

Card Number: _____ **Exp. Date:** _____

Card Identification Number: _____

(Visa, Mastercard: 3 digits on back of card | American Express: 4 digits on front of card)

I wish to authorize the purchase of services/materials from Posillico Materials, LLC using this Credit Card Authorization Form. I agree that I will pay for this purchase and indemnify and hold Posillico Materials, LLC harmless against any liability pursuant to this authorization. I understand that my signature on this form will serve for a ***one time transaction*** of $ _____ for invoice number(s) _____ .

Please fill in all required information above electronically or by printing this page. When complete, please send back to Posillico Materials, LLC via email to jbarreto@posillicoinc.com or fax to 631-391-8449.

Print Name	**Signature**	**Date**