



Credit Card Authorization Form

Work Order: _____ Quote #: _____

I, _____ authorize Gundie's, Inc. to charge _____
to the following card:

I understand that Gundie's reserves the right to set a limit on credit card transaction amounts based on customer account thresholds and that the customer will be contacted prior to any credit card transaction being completed.

Name on Card: _____

Credit Card Number: _____

Expiration Date: _____ CVV: _____

Billing Address:

Name on Card: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

Please attach photo copies of your Front and Back of Credit Card and Driver's License.

Thank you for taking the time to ensure your credit card security.

[☐] New Order or [☐] Payment to account

Signature: _____

Print Name: _____ Date: _____