

Credit/Debit Card Authorization Form

Business Name: Corbin's Flooring Outlet **Business Address:** 3105 Spring Grove Dr. Ste F2, Augusta, GA 30906

Business Phone: 706-814-1701 or 706-840-6781 **Business Email:** corbinsflooringoutlet@gmail.com

Authorization Details

I, _____, authorize Corbin's Flooring Outlet to charge my credit card for the agreed-upon purchase of goods and services. I understand that all sales are final and that no refunds or exchanges are permitted as per the company's no-returns policy. I understand that this authorization is for the specific transaction referenced below and agree that it is valid for this one-time use.

By signing below, I confirm that I have read, understand, and agree to the terms of this transaction. I also acknowledge that I have received the items in good condition or have arranged for delivery as agreed upon.

Customer and Payment Information

Cardholder Name (as it appears on the card): _____

Full Billing Address: _____

Phone Number: _____ Email Address: _____

Credit Card Number (last 4 digits only): _____ Expiration Date (MM/YY): _____

Amount Authorized: _____ Receipt#: _____

Product Description	Qty	Price/Unit	Total Price
Subtotal:			
Tax:			
Total:			

Acknowledgments

1. I confirm that I am the authorized cardholder and the information provided is accurate.
2. I understand that the transaction is authorized for the purchase of goods or services outlined in the associated invoice or receipt.
3. I agree to provide a copy of my government-issued photo ID for verification purposes, and I understand that the ID must match the name on the card.
4. I acknowledge that all sales are final, and no refunds or exchanges will be permitted as per the company's policy.

Cardholder Signature

PRINTED NAME

CARDHOLDER SIGNATURE

DATE

Business Representative Verification

VERIFIED BY (STAFF NAME)

STAFF SIGNATURE

DATE VERIFIED