



## Consent to Process Credit Card Payment

Name of Customer: \_\_\_\_\_ Job # \_\_\_\_\_

Phone /Email: \_\_\_\_\_

### Installation Address

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

### Billing Address

*(if different from customer address)*

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

Card Holder Name: \_\_\_\_\_

Credit Card Number: XXXX-XXXX-XXXX-\_\_\_\_\_  
(Last 4 digits)

Card Type (check one):



VISA



DISCOVER  
NETWORK



MasterCard

I hereby give permission for Cast Fireplaces, Inc. to process my credit card for payment in the TOTAL amount of \$ \_\_\_\_\_ as selected below.

☐ Full Payment

\$ \_\_\_\_\_

\_\_\_\_\_  
Date to be Paid

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

*Credit card information below the dotted line will be destroyed upon final payment*

Customer Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CCV Code: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ Zip Code: \_\_\_\_\_  
(3-digit code on back of card)