HAZELBAKER CONSTRUCTION SERVICES

14501 Marsala Way Naples, FL 34109

Please complete the form in its entirety; you can either fax or email back to us.

FAX: (844) 326-8392 or Email: angiehcs2@gmail.com

Credit Card Authorization Form

Inspection Number:	Inspection Date & Time:			
In lieu of my credit card imprint, I,				
(Print I Hereby authorize Hazelbaker Construction S		ler exactly as Shown my order to the follo		
,,	J	•	J	
Г	Visa	MasterCard	AMEX	Discover
Your name as it appears on your card				
Credit Card Number				
Expiration Date				
MC, Visa, Discover - 3 digit Security Code on back				
of card or AMEX - 4 digits Security Code on front of card				
THE BILLING ADDRESS AS IT APPEAR	S ON MY CREI	DIT CARD STATE	EMENT:	
Street Address				
Address (Cont.)				
City, State, Zip Code				
Phone Number				
CARDHOLDER AUTHORIZED BILLING	AMOUNT:			
Sub-total \$		\$		
Tax [NO TAX]		\$ 0.00		
Total Billed to Card \$		\$		
By signing below and submitting for payment, I agree to waive any charge-back rights and in the writing along with all order documentation in ac	e event of a disp	ute, requests for a re	efund must be	submitted in
Signature as it appears on cardholders' credit of	ard			
Today's Date				

This form must be completed in full and all information must be true and correct in order for your payment to be processed.