



Nidi Tec, Inc.

CABINETS | QUARTZ | GRANITE | MARBLE | TRAVERTINE | PORCELAIN | LEDGERS | L.V.T. | MOSAICS

Head Office : 3936 E Coronado St. Anaheim, CA 92807

Email: info@niditec.com Website: www.niditec.com

Ph # 714.777.9323 Fax # 714.844.9101

Date:

Customer Name:

Customer Acct #

By signing this form, I'm giving a permission to Nidi Tec, Inc. to debit my account credit card for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits on my account.

PLUS AN APPLICABLE PROCESSING FEES OF 3.00 % / 3.50 % TO CREDIT CARD LISTED BELOW

CREDIT CARD NO.

CREDIT CARD TYPE:

EXPIRATION DATE:

NAME OF CARDHOLDER:

BILLING ADDRESS:

V-CODE (3 DIGITS AT THE BACK OF VISA/MC, 4 DIGITS ON FRONT OF AMEX)

PLEASE LIST ALL INVOICES AND CHARGES TO BE BILLED TO THE ABOVE CREDIT CARD, ATTACH LIST IF MORE SPACE IS NEEDED.

INVOICE NUMBER	INVOICE AMOUNT	AMOUNT PAID
	TOTAL AMOUNT PAID BEFORE SERVICE FEE	
	PLUS SERVICE FEE VISA, MC, DISCOVER (3.00 %) AMEX (3.50 %)	
	TOTAL AMOUNT PAID AFTER PROCESSING FEE	

I AUTHORIZED THE ABOVE-NAMED BUSINESS TO CHARGE THE CREDIT CARD INDICATED IN THE AUTHORIZATION FORM ACCORDING TO THE TERMS OUTLINED ABOVE. THIS PAYMENT AUTHORIZATION IS FOR THE GOODS/SERVICES DESCRIBED ABOVE, FOR THE AMOUNT INDICATED ABOVE ONLY, AND IS VALID FOR ONE TIME USE ONLY. I CERTIFY THAT I'AM AN AUTHORIZED USER OF THIS CREDIT CARD AND THAT I WILL NOT DISPUTE THE PAYMENT WITH MY CREDIT CARD COMPANY, AS LONG AS THE TRANSACTION CORRESPONDS TO THE TERMS INDICATED IN THIS FORM.

COPY OF CREDIT CARD AND DRIVER'S LICENSE/ID REQUIRED. DRIVER'S LICENSE/ID MUST MATCH THE CARD HOLDER NAME

PRINT NAME: _____ SIGNATURE: _____

TITLE : _____