



CREDIT CARD AUTHORIZATION FORM

BILLING INFORMATION

Card Name: _____
Card Address: _____
City: _____ Zip: _____
Email Address: _____ Phone Number: _____

CARD INFORMATION

Card Type: **Visa** **AMEX** **Master Card**
Card Number: _____
Security Code: _____ Expiration Date: _____

I agree that House of Floors, Inc. will charge my credit card for charges in the amount this statement or the signed estimate provided separately.

Signature: _____

INSTALLATION INFORMATION

****To Be Filled Out by House of Floors****

Property Name: _____
Address of Install: _____
City: _____ Zip: _____
Invoice Number: _____
Amount Due: _____

Orlando
526 Florida Central Parkway
P.O. Box 522618
Longwood, FL 32752-2618
(407) 830-6999 (888) 920-6999
Fax (407) 830-8657

Tampa
8521 Sunstate Street
Tampa, FL 33634
(813) 249-7600 (877) 249-7600
Fax (813) 886-8845

Jacksonville
11210 Phillips Industrial Blvd East
Suite 8
Jacksonville, FL 32256
(904) 262-6989 (888) 930-6999
Fax (904) 262-9062

Palm Beach/Miami
1081 Holland Drive
Boca Raton, FL 33487
(561) 989-0599 (888) 561-6999
Fax (561) 989-0299

Sarasota/Naples
P.O. Box 669
Talleavast, FL 34270
(941) 752-9924 (866) 203-6999
Fax (941) 752-2274