



PLEASE COMPLETE ONE OF THE FOLLOWING, SIGN AND FAX TO 954-391-5242

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### CREDIT CARD AUTHORIZATION

I, \_\_\_\_\_, authorize Valufloor, Inc. to charge my credit card on behalf of our company, \_\_\_\_\_.

Credit Card:      Visa \_\_\_\_\_    Master Card \_\_\_\_\_    Discover \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_/\_\_\_/\_\_\_\_      Security Code: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_  
*(name exactly as it appears on card)*

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone #: (\_\_\_\_\_) \_\_\_\_\_

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### CHECK BY FAX AUTHORIZATION

I, \_\_\_\_\_, authorize Valufloor, Inc. to debit my bank account on behalf of our company, \_\_\_\_\_.

Bank Name: \_\_\_\_\_

ABA/Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

\*\*Please attach and fax a copy of a voided check for the above referenced account. Upon receipt of this form, you will be set up in our system for check by fax as payment method. At time of purchase, you will be given the invoice total and then we'll require a check number.\*\*

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**Authorized Signature:** \_\_\_\_\_

**Date:** \_\_\_/\_\_\_/\_\_\_\_