PG LONG

Credit Card Processing Form

☐ Floor Covering ☐ Floor Cleaning

FOR OFFICE USE ONLY:

ACCT ID: _____

SALES REP: _____

Today's Date: _____

Card Number: _____

Expiration: _____

3 Digit Code: _____

Name on Card: _____

Address: _____ (Street) _____ (City/State) _____ (Zip)

Phone #: _____

Quote(s) # _____

_____

By signing electronically below, I agree that my electronic signature is the legally binding equivalent to my handwritten signature. I hereby authorize PG Long LLC to charge my card according to the quote(s) provided.

Signature: _____