



Jylla Moore Foster, President and CEO  
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**Credit Card Processing Information**

I, \_\_\_\_\_, hereby authorize Crystal Stairs, Inc. to charge the following credit card account in the amount shown below for merchant services. This payment agreement will be in effect until services have been completed or are ended by request of the client either verbally or \_\_\_\_\_ iting.

**Credit Card Information**

Card Type:

- American Express
- Mastercard
- Visa

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

Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

Street or P.O. Box (Address must match where credit card statement is sent to)

City	State	Zip
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Phone Numbers:	- -	- -
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Home:	Work:	Fax:
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E-mail Address: \_\_\_\_\_

Amount: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Please fax this completed form to 630-734-1483 or email to [Admin@Crystal-Stairs.com](mailto:Admin@Crystal-Stairs.com)