



## Credit Card Authorization

Regal Account Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Billing Address of Card: \_\_\_\_\_

\_\_\_\_\_

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

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

<u>Card Type</u>	<u>Number</u>	<u>Expiration</u>	<u>CVV Code</u>
American Express	_____	_____	_____
Discover	_____	_____	_____
MasterCard	_____	_____	_____
Visa	_____	_____	_____

### Authorized Purchasers

The following employees are authorized to make charges to our Account with Regal Decorating & Paint Center, Inc. and consequently charges to the credit card(s) listed above:

- |          |          |
|----------|----------|
| 1) _____ | 2) _____ |
| 3) _____ | 4) _____ |
| 5) _____ | 6) _____ |

\*\*The person signing this form indicates by signing that he/she has the authority to take such action on behalf of the account holder listed above. This authorization will remain in effect until revoked by the account holder evidenced by Certified Mail with return receipt requested. The account holder further agrees to absolve Regal Decorating & Paint Centers, Inc. of any liability for charges made by those listed above as Authorized Purchasers.

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

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

Please complete, sign, date and fax or email this form to: (561) 659-7256 or [regal@regalpaint.com](mailto:regal@regalpaint.com).