



CREDIT CARD AUTHORIZATION REQUEST FORM

MC/VISA/DISCOVER/AMEX

Date: _____

I, _____, authorize Shenandoah General Construction LLC.
(Credit Card Holder's name)

to charge my credit card for:

_____ Proposal# _____

_____ Invoice Number# _____

Credit Card # _____ Exp. Date _____ CV2: _____
(3 or 4 digit Code #)

Total Amount for this transaction: \$ _____ plus 2.5% Administrative Fee \$ _____ (No Exceptions)

Credit Card Billing Address: _____

Signature of Credit Card Holder: _____

Please include a copy of the front & back of the credit card. Write the credit card number and expiration date beside the card if faxing.

Contact Phone# _____ Contact Email : _____

Email completed form to: t.pierce@shenandoahus.com or Fax to: (954) 975-9718

Please note that unforeseen conditions can affect the amount of time to complete the project, therefore increasing or decreasing an estimate. Should the estimate decrease the above credit card will be credited, if the estimate increases the additional amount will be charged to the above credit card on completion of work.

If this is a COD Partial Payment, please note that we will charge the balance due by no later than 30 days of completion of work, unless otherwise agreed upon by the client and Shenandoah.

All credit card transactions are subject to a non-refundable 2.5% administrative fee if jobs are cancelled.