



Houston Area Glass Association

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Credit Card Authorization Form

By signing the document below, you authorize Houston Area Glass Association to charge the following credit card for expenditures related to your account.

Date

Payment amount: \$ _____ **Payment for** _____

Credit Card Visa MasterCard Amex Discover

Debit Card Visa MasterCard Amex Discover

Credit Card Number _____

Expiration Date _____

Credit Card Code - 3- or 4- digits _____

Customer Name _____

Billing company _____

Phone _____ Email _____

Signature: _____