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PAYMENT AUTHORIZATION

Evans Cabinet and Door, LTD. offers several payment options. Please fill in your contact information below and choose one payment method. If you choose to pay with a credit card, please select if the authorizaton is for one time or recurring payments. To establish a credit line with Evans, please request a Credit Application. Thank you for choosing Evans, we look forward to working with you.

Billing Contact Information - Please Print

Company Name: _____
Contact: _____ Email: _____
Phone #: _____ Cell #: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____

CHOOSE PAYMENT METHOD

1. Mail a check before doors are delivered. (NO C.O.D.)

Quote #: _____ Total Job Amount: \$ _____
I (we) understand Evans will charge a \$30 insufficient funds fee for each returned check.

2. Credit Card
Credit Card Type (Check one): Visa Master Card American Express Discover

Name on Card: _____
Credit Card Billing Address (if different): _____
City: _____ State: _____ Zip: _____
Credit Card #: _____
Expiration Date: _____ Verification #: _____ (3 #s on back of Visa/MC/Discover, 4 #s on front of Amex)

Choose One-Time or Recurring Payment Authorization

One Time Payment Authorization
I (we) hereby authorize Evans Cabinet and Door, LTD. to charge the above listed credit card for goods and/or services in the amount of the total shown hereon. I (we) also agree to perform the obligations set forth in the Cardholder's agreement with the issuer.

Quote #: _____ Total Job Amount: \$ _____
Upon receipt of one-time payment authorization, quoted job will be placed into production.

Recurring Payment Authorization
I (we) hereby authorize Evans Cabinet and Door, LTD. to make recurring charges to the above listed credit card for goods and/or services each time an order is placed and if necessary, initiate adjustments for any transactions credited/debited in error, effective on the date filled in above. This authority will remain in effect until Evans Cabinet and Door, LTD. is notified by me (us) in writing to cancel it in such time as to afford Evans Cabinet and Door, LTD. and Credit Card Company a reasonable opportunity to act on it. I (we) also agree to perform the obligations set forth in the Cardholder's agreement with the issuer.

Signature: _____ Date: _____
Print Name: _____ Title: _____

I (we) hereby certify that the above information is correct and authorize the above selected payment method and terms. **I (we) understand our credit card/bank statement is our receipt.**