

Installer Certification Program Credit Card Authorization Form

CHARGE BY PHONE

Please check one: Visa MasterCard American Express

Account Number: _____ - _____ - _____

(1) CW2 Code: _____

Expiration Date: _____ Amount to be charged: _____

Full Name as it appears on Credit Card:

Bill to address (where Credit Card statements are mailed):

Customer name: _____

Customer Acct #: _____ (internal use only)

Job#: _____ (internal use only)

I hereby warrant and present to NCI Group (hereinafter referred to as "NCI") that the information that I have provided herein is true and accurate. NCI's Terms and Conditions of Sale are incorporated herein by reference. I hereby authorize NCI to charge my (circle one) Visa / MasterCard / American Express referenced above in the amount of \$_____. I hereby stipulate, agree and warrant to NCI that under no circumstances shall I or my credit card company stop payment of the above referenced amount to NCI.

Signature: _____ Date: _____

Print Name: _____

Thank you,
Credit Department

The information provided above is personal and confidential

Please fax this form to 281-653-0300

(1)CW2 Code (Customer Verification Value) is located on the reverse side next to the signature line.