



GAFFNEY PLUMBING & HEATING SUPPLY
1045 ATLANTIC AVENUE
BROOKLYN, N.Y 11238
PHONE: 718-855-0455 FAX: 718-855-9131

DATE: _____

Credit Card Authorization

Name on Credit Card: _____

Address where credit card statement is mailed: _____

City _____ State _____ Zip _____

Credit Card # _____

Expiration: _____ Security Code: _____

Please circle one of the below:

Amex **Master** **Visa**

Dollar Amount: _____

Invoices being paid: _____

*****No Discount allowed when paying by credit card.

Signature of the cardholder only: _____

*****Please return this form with a copy of your driver's license. *****