

Burke's



Home Center

38 East Second Street
Oswego, NY 13126
343-6147

65 North Second Street
Fulton, NY 13069
592-2244

Credit Card Authorization Form

Use Card on Each Invoice

Name: _____

Address: _____

State: _____ Zip Code: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Card Type: _____ Card Number: _____

Expiration Date: _____ Security Code: _____

I authorize Burke's Home Centers to retain my credit card information. I also authorize them to charge this card for purchases made by myself or anyone I designate on this form. I agree to allow them to retain this card information until I ask in writing for them to destroy it.

Date: _____ Name: _____ (Please Print)

Signature: _____

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Credit Card Billing Address
If Different From Home Address

Address: _____

State: _____

Zip Code: _____

Designated Authorized List.

I authorize the people on this list to be allowed to make purchases and have them paid with my credit card that is on file with Burke's Home Centers. These names will remain eligible until I notify Burke's of any changes, in writing.

Name: _____

Name: _____

Name: _____

Name: _____