

# NCT CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT TO  
OUR OFFICE BY FAX: 888-430-2520

NAME: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Credit Card Type:  
\_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ DISCOVER \_\_\_\_\_ Amex

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

Card Identification Number (last 3 digits located on the back of the credit card): \_\_\_\_\_

Or 4 digits on front of Amex



Amount Charged: \$ \_\_\_\_\_ (USD)

***FAX or send the authorization to:***

New Ceiling Tiles, LLC  
5035 FM 2920 Road Suite 401  
Spring, TX 77388  
Phone (800) 518-9835 Fax (888) 430-2520