

# Credit Card Authorization

**Instructions:** Fill in "ALL" required information, including card holders authorized signature and return for processing. Incomplete form will not be accepted. Once payment has been processed, the order will be scheduled.

I, \_\_\_\_\_, authorize Magic Valley Concrete, LLC to charge my Credit Card in the amountof: \$ \_\_\_\_\_.

Print Name Exactly as Shown on Credit Card

**Check One:**       VISA                       MasterCard                       American Express                       Discover

**Credit Card No.** \_\_\_\_\_

**Exp Date:** \_\_\_\_\_                      **Billing Zip Code:** \_\_\_\_\_                      **CVV Code:** (back of card) \_\_\_\_\_

*(All first time customers please include a copy of a valid Driver's License & the Credit Card)*

Authorized Card Holder's Signature: \_\_\_\_\_

Contact Phone No. \_\_\_\_\_                      Email Address: \_\_\_\_\_

*Please provide the following if available:*

Job/Project Name: \_\_\_\_\_

Quote No. \_\_\_\_\_                      Sales Rep: \_\_\_\_\_

Remit completed form via fax to: (956) 583-2086 or Email: [sales@capatexas.com](mailto:sales@capatexas.com)

CAPA Form: CCAF (Rev: 1.2 -03202015JLH)



**Magic Valley Concrete, LLC**  
**d/b/a CAPA**

Sales & Corporate Office  
3609 W Palma Vista Dr | Palmview, TX 78572  
Main Phone: (956) 432-0600 | Sales Fax: 956-583.2086  
Sales Email: [sales@capatexas.com](mailto:sales@capatexas.com) | Web: [www.capatexas.com](http://www.capatexas.com)

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charge my Credit Card in the amountof: \$ \_\_\_\_\_.

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Credit Card No. \_\_\_\_\_

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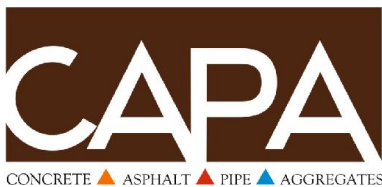
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