

Mailing Address: PO Box 297134 Brooklyn NY 11229

Phone: (718) 298-4000

Fax: (347) 713-3970

CREDIT CARD CHARGE AUTH. FORM

Please indicate one by checking box						
I hereby authorize Brooklyn Supply to make recurring charges to my credit card						
	w for invoices posting to the Co		elow.			
I hereby au to my cred	Autho	Authorized amount				
Billing Information Please enter the following	ng information exactly as it app	ears on the customer's c	redit card statem	ent.		
Company Name						
First Name		Last Name				
Address Line 1		·				
Address Line 2						
City		State		Ziŗ	Zip Code	
Credit Card Info		·				
Card Number	Expira		ion		Security Code*	
* On the back of your card	, locate the final 3 digit number, for	American Express there are	4 numbers on the	front		
• I hereby authorize Brooklyn Supply Inc. to charge my credit card						
Signature	ture Printed name		Date			
Plainview Branch 31 East Mall Plainview, NY 11803	Canarsie Warehouse 309 East 89th Street Brooklyn, NY 11236	Marine Park 3044 Nostrand Ave Brooklyn, NY 11229	6 Heyw	amsburg vard Street n, NY 11249	Church Av 625 Chu Brooklyn,	