

NEWARK ASPHALT CORP.  
Foot of Passaic Street  
Newark, New Jersey 07104  
Tel: (973) 482-3503 Fax: (973) 268-3639

**CREDIT CARD PAYMENT AUTHORIZATION FORM**

Please complete the following section and sign/date below.

Cardholder Name (as it appears on card)      **First Name:** \_\_\_\_\_      **Last Name:** \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_      Office Fax Number: \_\_\_\_\_

Credit Card Issuing Bank Name: \_\_\_\_\_      Bank Phone Number (on back of credit card): \_\_\_\_\_

Card Type  
(circle one) :      **Visa**                      **Mastercard**                      **American Express**                      **Discover**

Credit Card # : \_\_\_\_\_      CVV # (security # on card) : \_\_\_\_\_

Card Exp Date : \_\_\_\_\_

*Please insert name and fax number in blanks below.*

I, \_\_\_\_\_, hereby authorize **Newark Asphalt Corp.**, to charge my credit card for all asphalt material purchases. A payment receipt will be faxed to your office at \_\_\_\_\_ on the day of purchase. Original receipt will follow via US mail to the credit card billing address listed above.

Company Name Cardholder is paying for : \_\_\_\_\_

Cardholder Signature : \_\_\_\_\_      Date : \_\_\_\_\_