

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 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 : _____