



*Siding Window warehouse Plus*  
**AUTHORIZATION OF CREDIT CARD USAGE**

I \_\_\_\_\_ AUTHORIZE SWWP to charge my credit card  
for purchases:

Type: \_\_\_\_\_

Account Number: \_\_\_\_\_ 3-Digit Pin (on Back): \_\_\_\_\_

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

Name on Card: \_\_\_\_\_ for purchases made by

\_\_\_\_\_ Address \_\_\_\_\_.

This authorization will remain in effect until (Either) said cardholder issues a written notice of  
cancellation by certified mail to:

469 E. North Street  
Carlisle, PA 17013

or Faxed to 717-258-6046.

or for the following Invoice #:            Amount -

Cardholders Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SWWP  
469 E. North Street  
Carlisle, PA 17013  
717-258-6011 Fax 717-258-6046