



"The Next Generation of Siding and Windows"

AUTHORIZATION OF CREDIT CARD USAGE

I _____ AUTHORIZE SWWP Inc.
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:

651 Alricks St
Harrisburg, PA 17110
or Faxed to 717.232.2818

or for the following Invoice #: _____ Amount – _____

Cardholders Signature: _____

Date: _____

SWWP Inc.
651 Alricks St
Harrisburg, PA 17110