



Info@BEINCcabi.net
www.BEINCcabi.net
512-800-9275

PAYMENT AUTHORIZATION FORM

Billing Contact Information - Please Print

Company Name: _____
Contact: _____ Email: _____
Phone #: _____ Cell #: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____

CHOOSE PAYMENT METHOD

1. Check

Invoice # _____ Total Job Amount: \$ _____

I understand BEINC Cabinetry will charge a \$30 insufficient funds fee for each returned check.

2. Credit Card
Credit Card Type (Check one): Visa Master Card American Express Discover

Name on Card: _____

Credit Card Billing Address (if different): _____

City: _____ State: _____ Zip: _____

Credit Card #: _____

Expiration Date: _____ Verification #: _____ (3 #s on back of Visa/MC/Discover, 4 #s on front of Amex)

I (we) understand BEINC Cabinetry will charge a 3% convenience fee for payment by card.

3. Zelle®
BEINC Cabinetry also accepts Zelle® payments. We will accept payments over multiple days for invoices over \$2,000. Must reference invoice # in memo line. Zelle® payment information: info@beincCabi.net Order will go into production once total amount recieved.

I, _____, hereby authorize BEINC Cabinetry to charge my credit card above for agreed upon purchases on invoice # _____. I understand that my information WILL NOT be saved. For customers security after processing all credit card and/or banking information will be destroyed.

Signature: _____ Date: _____

Print Name: _____ Title: _____