CREDIT CARD AUTHORIZATION FORM

Please complete all sections in full and return this signed form to the store handling your order. This form authorizes the Apex company selected below to charge the credit card listed for the purchase, deposit, balance, or services described.

Charging company: ☐ Apex Granite Outlet ☐ Apex Stone & Cabinet ☐ Apex Home Outlet

WHY WE ASK FOR THIS INFORMATION – PLEASE READ BEFORE COMPLETING

Our preferred way to accept card payments is in person with your chip or tap card, or through a secure online payment link that we send to your email or phone. This form is offered only as a courtesy for customers who are unable to use those options.

Unfortunately, we have had cases where a card was used by someone who was not the cardholder — including family members using a spouse's or relative's card without their knowledge — and the charge was later disputed. To protect our customers and our business, we must verify that the person completing this form is the actual cardholder. If you choose to use this form, the requirements below are not optional, and we will be unable to process the payment without them. Thank you for understanding.

Requirements for using this form:

- The card must be in the cardholder's own name. We do not accept cards belonging to a spouse, family member, employer, contractor, or any other third party — even with their permission — unless that cardholder personally completes and signs this form.
- The cardholder must present, in person or by clear photo, a valid government-issued photo ID whose name matches the name on the card, and the front of the card.
- The billing address must match the address on file with the card issuer. Delivery, installation, or pickup will be made only to the billing address or to the cardholder in person with ID.
- Payments over $2,500 must be made in person with the physical card unless approved in advance by store management.

01 CUSTOMER & ORDER INFORMATION

Customer / Company Name	Invoice / Order / Quote #	Store Location
Contact Phone	Email Address	Sales Associate
Description of Purchase / Services	Delivery / Installation Address (must match billing address)	

02 AUTHORIZATION TYPE & AMOUNT

Type of authorization: ☐ One-Time Charge ☐ Deposit ☐ Final Balance ☐ Recurring / Installments

Amount to Charge ($)	Date to Charge	If recurring: Amount per Charge ($)	Frequency (weekly / monthly)	Number of Payments

For recurring authorizations, charges continue on the schedule above until the number of payments is completed or the balance is paid in full, whichever occurs first.

03 CARD INFORMATION (MUST BE THE CARDHOLDER'S OWN CARD)

Card type: ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

Card Number

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Name on Card (exactly as printed)	Expiration Date (MM / YY)	Security Code (CVV – 3 or 4 digits)
Billing Address (as it appears on your card statement)	City	State / ZIP
Cardholder Phone (on file with card issuer)	Cardholder Email	Cardholder Date of Birth

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04 CARDHOLDER IDENTITY VERIFICATION (REQUIRED)

Attach a copy or clear photo of the ID and the front of the card to this form.

ID type: ☐ Driver's License ☐ State ID ☐ Passport ☐ Military ID

Name Exactly as Shown on ID	ID Number	Issuing State / Country	Expiration Date

Address on ID	ID name matches card name? ☐ Yes ☐ No	Last 4 Digits of Card

Is the cardholder physically present? ☐ Yes ☐ No – verified by video call / photo

Are the sole owner of this card? ☐ Yes ☐ Joint account – both names: _____

05 CARDHOLDER AUTHORIZATION & AGREEMENT

By signing below, I, the cardholder, confirm the following:

- I am the person named on the card and on the ID provided, and I am the authorized holder of this card. No one else is completing this form on my behalf.
- I authorize the Apex company selected above ("Apex") to charge this card for the amount(s) and on the schedule indicated, and I will provide any additional verification Apex reasonably requests.
- I understand this charge is for the products, materials, and/or services described above and is subject to the terms, conditions, and return/refund policy on my invoice or sales agreement.
- I agree not to dispute or initiate a chargeback for any authorized charge, provided the charge complies with this authorization. Any concern will first be brought to Apex for resolution. I understand that a false statement on this form may constitute fraud.
- For recurring authorizations, this authorization remains in effect until the payments are complete or I cancel in writing at least 5 business days before the next scheduled charge.
- This form will be processed and then securely destroyed. Apex does not retain full card numbers or security codes after the transaction is complete.

Cardholder Signature	Printed Name	Date

06 DELIVERY / PICKUP ACKNOWLEDGMENT (COMPLETED AT TIME OF DELIVERY OR PICKUP)

I confirm that I received the products and/or services described above in acceptable condition.

Cardholder Signature at Delivery / Pickup	Printed Name	Date

FOR OFFICE USE ONLY – STAFF VERIFICATION

I personally verified: ☐ Photo ID matches cardholder ☐ ID name matches card ☐ Card viewed, last 4 match ☐ Copies attached
☐ AVS match ☐ CVV match ☐ Cardholder present / chip or tap used ☐ Manager approval (if over $2,500): _____
Processed by: _____ Date: _____ Approval Code: _____ Transaction ID: _____
Delivery photos taken: ☐ Yes Form shredded after processing: ☐ Yes Staff Initials: _____