



Granite Shield

**CREDIT CARD AUTHORIZATION
Granite Shield Applicator Authorization
Acknowledgement of Licensing Fee**

Today's Date: _____ **Business Name: Granite Shield**

**I hereby authorize the use of my Credit Card in the amount of:
\$** _____

Charged on: _____

Card #: _____

Expiration Date: _____

CVV2: _____

CARDHOLDER *Complete all fields below:*

Full Name (as it appears on card): _____

Billing Address (address where statement is mailed): _____

City: _____

State: _____

Zip: _____

Area Code/Phone: () _____

I _____ **(printed
cardholder name) hereby confirm the above transaction is
authorized in the amount of \$** _____

**I understand this is a licensing fee and seal kit to be an authorized
Granite Shield applicator and is non refundable.**

Cardholder Signature: - _____

Above must be signed by cardholder.

**Granite Shield
Toll Free: 877-477-3254 • Fax: 951-344-8264
18451 Collier Ave. Unit D
Lake Elsinore, California 92530**