

NEWARK ASPHALT CORP.  
Foot of Passaic Street  
Newark, New Jersey 07104  
Tel: (973) 482-3503 Fax: (973) 268-3639

**CREDIT CARD PAYMENT AUTHORIZATION FORM**

Please complete the following section and sign/date below.

Cardholder Name (as it appears on card)      First Name: \_\_\_\_\_      Last Name: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Office Fax Number: \_\_\_\_\_

Credit Card Issuing Bank Name: \_\_\_\_\_ Bank Phone Number (on back of credit card): \_\_\_\_\_

Card Type  
(circle one) :      Visa                      Mastercard                      Discover

Credit Card # : \_\_\_\_\_ CVV # (security # on card) : \_\_\_\_\_

Card Exp Date : \_\_\_\_\_

*Please insert name and fax number in blanks below.*

I, \_\_\_\_\_, hereby authorize **Newark Asphalt Corp.**, to charge my credit card for all asphalt material purchases. A payment receipt will be faxed to your office at \_\_\_\_\_ on the day of purchase. Original receipt will follow via US mail to the credit card billing address listed above.

Company Name Cardholder is paying for : \_\_\_\_\_

Cardholder Signature : \_\_\_\_\_ Date : \_\_\_\_\_