

DIRECT CABINET SALES

Phone:

(609) 664-5000 180 Herrod Boulevard Dayton, NJ 08810

Fax:

(908) 587-9588

Clark

Red Bank

Cherry Hill

Manahawkin

Boca Raton

CREDIT CARD AUTHORIZATION FORM

I hereby authorize Direct Cabinet Sales to charge my credit card in the amount of \$ _____ - _____, for the _____% deposit on the special order I am placing. I acknowledge that the order is being placed on my behalf; **all sales are final, no cancellations, refunds or exchanges.**

Furthermore, I acknowledge that I have a complete understanding of the products I am purchasing. The cabinet layout has been explained to me in detail. I agree with the cabinet sizes I am purchasing, as well as, the entire list of materials being purchased, I agree with the overall design, and have a complete understanding of all the special products, options, accessories, molding, hardware, countertop materials and configuration of the countertops. I also acknowledge that I have been made familiar with each and every manufacturer's nomenclature; I understand what each cabinet on my layout includes and its intended use. I agree that this is the cabinet style, stain color, countertop style and color that I have chosen and they are accepted. Direct Cabinet Sales will not be held responsible for a customer's dissatisfaction with conditions occurring naturally with wood or wood finishes. These conditions have been explained to me and I accept them. I have also read, signed and understand the Wood Characteristics and Finish Awareness Form. If there is a defect in any material, the manufacturer's warranty supercedes any other implied warranty, and is in fact the only warranty for the product I am purchasing. Any claim for defective product is with the manufacturer, not with Direct Cabinet Sales.

For installation of cabinets and countertops performed by Direct Cabinet Sales, or their sub-contractors, I agree that all charges must be paid in full prior to installation.

If I choose to have the balance due charged to my credit card, I hereby authorize Direct Cabinet Sales to charge my account in the amount of \$ _____ - _____, prior to delivery and installation of my order.

Total Sale as stated on Direct Cabinet Sales Proposal: \$ _____ - _____

DCS Customer Name: _____

Order Date: _____

Credit Card Number: _____

Exp. Date: _____

CV code: _____ (from back of card)

Credit Card Type: _____

Name on Card: _____

Address Card is Issued To: _____

St: _____ Zip: _____

Customer Signature: _____

Date: _____

In addition, I am giving Direct Cabinet Sales permission to accept verbal authorization to run my credit card for future orders. I understand that this information is to be kept in a confidential file.

Signature: _____ Date: _____