

**FLAGSTONE**  **PAVERS**  
QUALITY & STRENGTH INTERLOCKED

**Credit Card Payment Form**

E-mail form to: [payments@flagstonepavers.com](mailto:payments@flagstonepavers.com)

Date: \_\_\_\_\_  
Amount Approved to charge: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Quikrete Account #: \_\_\_\_\_

Sales Order(s) #: \_\_\_\_\_  
Invoice(s) #: \_\_\_\_\_

Check one: MasterCard  Discover  AMEX  Visa

Card #: \_\_\_\_\_  
Name on Card: \_\_\_\_\_  
Security code from card \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Billing Address for Card: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
Billing City/State/Zip: \_\_\_\_\_  
Customer E-mail Address (if a receipt is requested): \_\_\_\_\_

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I, the undersigned, authorize Flagstone Pavers to charge  
for the above stated amount:

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Contact us at 352-799-7933