

Dear Customer,

We offer the convenience of paying for purchases and/or invoice(s) with your Visa, MasterCard, American Express, or Discover Card. If your intention is to use your credit card, we require the following information for phoned-in orders. Please complete the following form and fax to 214-381-8333.

One-time authorization

Company Name: _____ Acct #: _____

I authorize this company to charge my: Visa Mastercard Amex Discover

for \$ _____ on this day: ____ / ____ / ____ Order # _____ PO: _____

Card # _____ Exp Date: ____ / ____ CVV/CVC: ____

Print Name: _____ Authorized Signature: _____

Name on Credit Card: _____

Billing Address: _____

City: _____ State: ____ Zip: _____ Phone: _____

Ongoing authorization

Company Name: _____ Acct #: _____

I authorize this company to charge my: Visa Mastercard Amex Discover

on an ongoing basis for my purchases/statement/invoices amounts

Card # _____ Exp Date: ____ / ____ CVV/CVC: ____

Name on Credit Card: _____

Billing Address: _____

City: _____ State: ____ Zip: _____ Phone: _____

The following individuals are authorized to use my credit card:

In the event of a dispute, I agree to contact you to try to resolve the dispute prior to contacting my credit card company.

Print Name: _____ Authorized Signature: _____