

CREDIT CARD AUTHORIZATION



Name Company

The purpose for this form is to facilitate payment to Design Dynamics for materials and services provided. I understand that Design Dynamics has the right to exercise the use of the credit card designated below on all purchases except when otherwise instructed by me (in writing). I understand that I am the only person permitted to make purchases from Design Dynamics using the credit card designated below.

I, , do hereby authorize Design Dynamics to charge my

Visa Master Card Discover

for order # , in the amount of \$

Use my credit card this time only. Keep my credit card info on file.

Credit Card Billing Address:

City: State: Zip-Code:

Phone Number: Date:

Card Number: Expiration Date:

V-Code: (3 digit number located on BACK of the credit card)

Print Card Holder Name:

Authorized Signature:

Please complete entire form and fax it to **714-429-7983** or email it to your account rep.