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CREDIT CARD AUTHORIZATION FORM

****NOTE: ALL COD (CREDIT CARD, CASH, & CHECK) SALES ARE FINAL****

*****MASTERCARD AND VISA ONLY*****

DATE: _____

CUSTOMER NAME: _____

CUSTOMER ACCOUNT NO.: _____

CREDIT CARD NUMBER: _____ - _____ - _____

EXPIRATION DATE: _____

STREET NUMBER FOR BILLING ADDRESS: _____

ZIP CODE: _____

3 DIGIT SECURITY CODE: _____

AMOUNT: _____ HANDLING FEE: _____ TOTAL: _____

NAME OF PERSON AUTHORIZING REQUEST: _____

SIGNATURE OF REQUESTOR (IF POSSIBLE): _____

DCE EMPLOYEE NAME: _____ BRANCH NO.: _____

PAYMENT TO BE APPLIED TO:

<u>SALES ORDER</u>	<u>INVOICE</u>	<u>AMOUNT</u>
_____	_____	_____
_____	_____	_____

