

CREDIT CARD AUTHORIZATION FORM – (Parts)

I hereby authorize DMR Associates, Inc to charge the following credit card (please print):

Credit Card # _____ Expiration Date: _____

Amount: \$ _____ (US) **Plus Applicable Sales Tax & Freight**
Tax Exempt Certificate (if applicable) Must Be Provided In Advance (send as attachment)

Security Code CVC2: _____

Card Type (check): Visa _____; Mastercard _____; American Express _____

By signing this form, I agree with all terms and conditions of the sale/order for which I have made over the phone, by fax, or via the Internet.

Billing Address (enter exactly as it appears on card statement):

***First Name:** _____ ***Last Name:** _____

***Company:** _____

***Card Billing Address 1:** _____

Address 2: _____

***City:** _____ ***State:** _____ ***Zip Code:** _____

***Phone #:** _____

I understand this information will be used for purposes of verification with the credit card issuer/processors to prevent fraudulent usage. This procedure is executed within strict rules established in United States Code, Title 18, Part I, Chapter 63.

Printed Name: _____

Cardholder Signature: _____ Date: _____

Phone: _____ Fax: _____ Email: _____

Note:

- 1. Card will be charged the full order amount at the time of order placement.**

For Use By DMR Associates Sales (Only):

Salesperson: _____ DMR Sales Order #: _____ DMR PO #: _____

Manufacturer: _____ Item Description: _____

For Use By DMR Associates Accounting (Only):

DMR Invoice #: _____ Invoice Date: _____

CC Authorization#: _____ Date: _____