

Credit Card Payment Authorization Form

**Please email or fax completed form back to: 605-636-7218*



Date: _____

Customer: _____

Customer Address: _____

Customer Phone: _____

Customer Fax: _____

Invoice Number(s): _____

Amount Due: _____

Cardholders Name: _____

Cardholders Address if different from above: _____

Circle One: MasterCard Visa American Express Discover

Card Number: _____

Security Code: _____

Expiration Date: _____

The undersigned authorizes \$ _____ to be charged on this credit card for payment on the above invoice(s).

Do you wish to use the specified card for future orders/unpaid balances? Yes No

Signature: _____