



CREDIT CARD AUTHORIZATION FORM

Business Name: _____

Card Type:



Card #: _____ - _____ - _____ - _____

Card Exp.: ____ / ____ / ____

Name on Card: _____

Address: _____

City: _____ State: _____

Zip: _____

Phone: _____

By my electronic signature, I authorize Douglas Co., Inc. to use the above account information to process credit card charges and keep on file for future authorized credit card charges.

Signature Date Printed Name

For your security, the credit card number provided above will be stored in an encrypted form so that only the last four digits of the card will ever be visible along with the expiration date. Contact us at any time if you would like to make changes to your information.