



# CREDIT CARD AUTHORIZATION FORM

**Instructions:**

1. Print & complete form
2. Sign where indicated
3. Submit by mail or fax **with copies of invoices to be paid.**
4. **Do not Email this form. It can not be accepted.**

Dahill Employee Submitting Request: \_\_\_\_\_

Customer Name: \_\_\_\_\_ Customer Number: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Confirmation: Yes No Email address: \_\_\_\_\_

Invoice Number	Pre-Tax Amount	Tax	Total
		<b>Total Credit Card Charge</b>	

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Credit Card Type:            Visa            MasterCard            AMEX            Discover            Other:

Credit Card Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Identification Number (last 3 digits on the back of the card):

Fax or mail form to (if mailing, please stamp CONFIDENTIAL on envelope):

Dahill  
 Attn: Credit Card Payments  
 8200 IH-10 West, Suite 400  
 San Antonio, TX 78230  
 Fax (210)828-1366