



FIN-FO-02 Rev 1  
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STE 120  
Carrollton, TX 75006

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### Credit Card Authorization

Date: \_\_\_\_\_

Account Manager: \_\_\_\_\_

Business Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Credit Card Information**

Card Type:  Mastercard  Visa  American Express

Card Number: \_\_\_\_\_

Validation Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it appears on Card: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Authorized for one time use only in the amount of \$  
*\*\* Tax, Freight and overs will be added to amount authorized at time of invoicing \*\**

Please keep credit card information on file for future payments

Special Instructions: \_\_\_\_\_

**Authorization**

*I, acknowledge that my credit card statement will indicate that the payment is to be made to Duplium.*

Authorized Signature: *Authorized Signature here*

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_