Diamond Display Group Partners, Inc.
1950 Alpha Drive, Suite 100 ♦ Rockwall, TX 75087 ♦ 972.636.0781 phone ♦ 972.636.3665 fax

CREDIT CARD AUTHORIZATION FORM

FOR SALES AND SERVICES

This form is to be completed by an authorized credit card holder for the credit card described below. By filling out this form you agree to all of the conditions set forth by Diamond Display Group Partners, Inc. All requested information is required. Upon approval, we will bill your credit card and your charges will appear on your monthly credit card statement.

*Please fax back to **972-636-3665** or email a scanned copy to **kellee@diamonddisplaygroup.com**.*

Company/Customer Name: _____

Contact Name (Person Completing This Form): _____ Phone #: _____

Email Address: _____

- ❑ Apply payment to following invoices: _____
- ❑ Please keep credit card on file for this and future invoices.

Credit Card Type: ❍ American Express ❍ Visa ❍ Mastercard

Name (As It Appears on Card): _____

Credit Card Number: _____

Expiration Date: __ __ / __ __ / __ __ CVV2 # (Last 3 Digits on the Back of MC/Visa Card or 4 Digits on Front of American Express): __ __ __ __

CREDIT CARD BILLING ADDRESS (Where the Credit Card Statement is sent):

Street Address: _____

City:_____ State: _____ Zip Code: _____

Being the cardholder or Corporate Officer, by signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize Diamond Display Group Partners, Inc. to charge my credit card, for product/services provided.

AUTHORIZED CARD SIGNATURE: _____

PLEASE PRINT CARD SIGNATURE NAME: _____ Date _____