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Credit Card Payment Authorization Form

Please complete the information below in Blue or Black ink:

Company Name: _____





Card Holder Name: _____

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa  MasterCard  AMEX  Discover 

Cardholder Name _____

Credit Card Number _____

Expiration Date _____

Card ID number (3-digit number on the back of the card/ 4-digit pin if AMEX): _____

I _____ authorize Dinsmore and Associates to charge my credit card
(full name)

for payment of amounts due according to approved quotes and work performed. I understand that taxes, freight and any expedite charges could be included on the invoice amount charged to my credit card. I agree that I will pay for the purchase in accordance with the issuing bank cardholder agreement. I will notify Dinsmore and Associates, Inc. when the expiration date changes or the credit card becomes invalid.

SIGNATURE _____ DATE _____

I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Please return the completed form to Accounting@dinsmoreinc.com

RAPID MANUFACTURING SPECIALISTS