



Credit Card Authorization Form

Company Name _____

I, _____ (authorized card holder), hereby authorize DMI International, LLC. to utilize the credit card listed below for all orders and invoices placed by this company. This approval will remain in full force and effective until cancelled in writing by the company or until such time as the credit card expires, at which time a new credit card authorization form will be provided to DMI International, LLC.

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa American Express Discover Card

Number: _____

Expiration: _____ / _____ Security Code: _____

Name on Card: _____

Billing Street Address: _____

City/State/Zip _____

Direct Telephone: (_____) _____ - _____

Email Address (for receipt): _____

Cardholder Signature X _____ Date _____

Please return this from via fax (918-438-2061) or email (ted@dmiinternational.com) along with a copy of the front and back of the credit card (enlarged to clearly show the numbers).