

## 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):

Xerox Business Solutions Southwest  
 Attn: Credit Card Payments  
 8200 IH-10 West, Suite 400  
 San Antonio, TX 78230  
 Fax 210.828.1366