

Dakota Premium Hardwoods

CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT TO
OUR OFFICE BY FAX: (254) 772-9664

NAME: _____

Cardholder Name: _____ Signature: _____

Address: _____

Credit Card Type:
_____ VISA _____ MASTERCARD _____ DISCOVER _____ AMEX

Credit Card Number:

Expiration Date: _____ - _____ - _____ - _____
_____ / _____

Billing Zip Code: _____

Amount Charged: \$ _____ (USD)