

CREDIT CARD/ACH AUTHORIZATION FORM

Vinyl Vision needs to have a signed authorization form kept on file for customers who want to credit card terms. We need the cardholder's signature on file.

Cardholder Information

Company Name: _____

Name on Card: _____

Billing Address: _____

City: ST: Zip: _____

Email: _____

Direct Phone Number: _____

Card Type: VISA MASTERCARD AMEX DISCOVER

Card Number: _____

Expiration Date: / CVV Number: _____

Cardholder Signature: _____ Date: _____

Print Name: _____

ACH Information: Checking Account Savings Account

Account Number: _____

Routing Number: _____

Account Holder Signature: _____ Date: _____

Print Name: _____

Terms and Conditions: I authorize the above named business to charge the credit card indicated in this authorization form according. By accepting these terms, BUYER authorizes SELLER to charge BUYER's credit card automatically for future orders placed by BUYER. By accepting these terms, BUYER authorizes SELLER to charge BUYER's credit card automatically for the current and future orders placed by BUYER. 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 invoices which will be provided by fax, mail or electronically at my discretion.

5380 Larry Caldwell Dr. Prescott, AZ 86301
P(800) 321-8746 F(888) 968-8746
www.vinylvisions.com