

CREDIT CARD AUTHORIZATION

Company Name: _____

Contact Name: _____

Phone Number: _____

Please indicate what the charge is paying for: _____

Note: This sale is irrevocable. _____

Check one:

VISA

MASTERCARD

Credit Card Number: _____

Expiration Date: _____

CVV2: _____

Name as it appears on card: _____

Billing Address:

Shipping Address:

Credit Card:

Driver's License:

Place Credit Card and Driver's License in above boxes before scanning.

Total Amount to be charged: \$ _____

Please ask about shipping cost.

Signature of Cardholder: _____

Please print this form, fill it out...

With your smart phone, photo and share it to (845) 546-2646

Or scan & e-mail it to johndam@dambest.com.

Note: This sale is irrevocable.