

Dean Lloyd Enterprises, Inc. Credit Card Authorization Form

PLEASE COMPLETE AND RETURN THIS AUTHORIZATION FORM
All information will remain confidential.

Name on Card: _____

Billing Address: _____

Credit Card Type: ___ Visa ___ Mastercard ___ Discover ___ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (CCV): _____ (last 3 or 4 digits located on the back of the credit card)

Amount to Charge: \$ _____ (USD)

I authorize _____ to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date (A typed signature is adequate)

Signature: _____

Date: _____

Print Name: _____

Contact Phone: _____

Please email or fax the signed form to the following:

Dean Lloyd Enterprises, Inc.

Email: deanlloyd02@fusemail.net

Fax: 1-888-675-2696 **Phone:** 1-866-411-6287

For questions regarding this form, please contact us via email or phone.