

P.O. BOX 1148 • SHREVEPORT, LA 71163-1148 Ph: (800) 950-6531 • Fax: (318) 747-8086

SINGLE CREDIT CARD AUTHORIZATION

I	, of			,
Authorized R			ompany/Custon	ner
charge card listed be or adjustment will for Seller will have ten (30) days to dispute dispute the charge, of any right to charge Card Type:	to as Buyer, agree to a elow. Buyer agrees that first be reported to McE (10) business days to rest, or request a chargeback or request a chargeback geback the payment. No	any disputed of the life and disputed of the dispute the dispute of the life and life an	charge, request reinafter referre ate with Buyer. ard charge. Buy otted time consmation:	a chargeback, ed to as Seller. Buyer has thirty yer's failure to titutes a waiver
DISCOVER	MASTERCARD	∐VISA		AN EXPRESS
Exact Name as Printo Card Number: Expiration Date (E.g Billing Address:		Amo	CCV Number: ount of Charge:	
City:	S1	ate:	Zip Code	:
Total amount cha	rged to include a 3%	surcharge,	added to total	listed above. I
	nd conditions stated a	bove.		- X - 1
Printed Name			Phone Number	
	Signature			Date
**************************************		use only on Account:	******	******
THIS FORM M	UST BE COMPLE BY THE CREDI			ACCEPTED
REV 05/13				
	44 A M I I PA CT I I	UNIC LOCATIONS		
•	HBURN, GA BOSSIER CITY, LA	RING LOCATIONS — A CLINTON, IL ACHTREE CITY, GA	HOUSTON, TX SUNNYVALE, TX	LEWISPORT, KY WINCHESTER, VA