

Credit Card Authorization Form

I, _____, hereby authorize The David Associates, Inc.,
to charge my credit card for (check one):

the amount invoiced monthly

the total amount specified here: monthly

\$ _____

Customer Company Name: _____

AMERICAN EXPRESS / DISCOVER / VISA / MASTERCARD

Credit Card Number:

Expiration Date: ____ / ____ SEC Code: _____

Credit Card Billing Address:

Street: _____

City: _____

State: _____

Zip Code: _____ Country: _____

Telephone: () _____

Fax: () _____ (a fax number or email is required)

Email: _____

Cardholder's Signature _____ Date _____

As the credit card holder, I also authorize The David Associates, to charge my credit card for charges verbally (or written) approved by me. Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. The David Associates will keep all information entered on this form strictly confidential.