

CREDIT CARD USAGE AUTHORIZATION

**Please Print and complete entire form:** Today's date \_\_\_\_\_

Card Holders/Members Name \_\_\_\_\_

Billing Address of Credit Card \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I, (Card Holder) \_\_\_\_\_, am the authorized user and give my permission to debit/charge of this credit card in reference for merchandise requested by myself and offered by: **DMS International - 320B Northpoint Parkway-Acworth, GA. 30102 770-529-6800**, for the period of \_\_\_\_\_ or until such that I submit in writing, prior to any order, the expiration of usage by DMS International.

Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_  
CID # \_\_\_\_\_ (Last three numbers on back of card, or four numbers on Amex Card)

I also authorize the following employees/associates, to charge/debit to this credit card on my behalf for any merchandise purchased from DMS International.

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**CARD HOLDERS SIGNATURE INDICATES CONSENT AND ACKNOWLEDGMENT OF THE AFORE MENTIONED TRANSACTION.**

**CARD HOLDERS SIGNATURE** \_\_\_\_\_

**DRIVERS LICENSE NO OF CARDHOLDER** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

To validate this authorization form, it must be completed in detail and submitted by fax to DMS International at: 770-529-6840.