

CREDIT CARD AUTHORIZATION FORM

I hereby authorize Danica to use the following credit card for payment of orders or invoices as listed below:

NAME	CUSTOMER CODE	PROCESSING DATE
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CARD NUMBER	CARD HOLDER'S NAME	EXPIRATION DATE	CCV CODE
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VISA
 Mastercard
 AMEX (*US customers only*)

ORDER DETAILS	
INVOICE/ORDER NUMBER	AMOUNT
Total	

I would like to sign up for auto pay payment for all invoices going forward using this credit card.*

**Invoices will be charged to the credit card on file on the date that an invoice becomes due.
An e-mail summary will be sent out providing details of the charge.*

AUTHORIZED SIGNATURE