

## 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.*

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AUTHORIZED SIGNATURE