



Outside Dallas 1.800.274.7701
Office 972.243.7701
Fax 972.243.3805
11060 Harry Hines Blvd.
Dallas, Texas 75229
www.drsawtool.com

Credit Card Authorization Form

Company Name: _____

Customer Name: _____ Account Number: _____

Address: Street _____

City: _____ State: _____ Zip/Postal Code _____

Telephone Number: _____ Fax Number _____

Credit Card Company: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card Holder's Name: _____

Credit Card Account Number: _____

Expiration Date: _____

Three digit code on
Back Panel: _____

Credit Card Holder Billing Address (If different from above)

Street Address: _____

City _____ State _____ Zip/Postal Code _____

As the credit card holder, I also authorize D&R Saw and Tool Inc, to charge my credit card for future invoices verbally by me. Your Card will be charged for future invoices unless we are otherwise notified by the customer.

Your Completion of the authorization from helps us to protect you, our valued customers, for credit card fraud. D&R Saw and Tool. Inc will keep all information entered on this form strictly confidential.

Print Name: _____

Signature: _____ Date: _____