



2615 Boeing Way, Stockton, CA 95206
1565 Hwy 66, Garland, TX 75040



Credit Card Payment Authorization Form

Schedule your payments to be automatically charged to your credit card. Just complete and sign this form to get started!

Authorized Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges.
- You may benefit from any credit card program rewards your credit card company offers (if any) for paying your bill.

Here's How Authorized Payments Work:

You authorize charges to your Visa, MasterCard, American Express or Discover card. You will be charged for the total amount due on your Dorfman Milano invoice. The charge will appear on your credit card statement. You agree that no prior notification will be provided if the total payment is under \$_____. If your bill is more than that amount, you will receive notice from us prior to the payment being collected.

Please complete the information below:

I _____ authorize Dorfman Milano to charge my
credit card (full name)

indicated below for payment of my purchases from Dorfman Milano.

I understand that I will only receive advance notice of the charge if it exceeds \$_____.

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: Visa	MasterCard	Amex	Discover
Cardholder Name	_____		
Account Number	_____		
Expiration Date	_____	CCV Code	_____

SIGNATURE _____ DATE _____

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

