



Credit Card Authorization

Name : _____

Address : _____

City: _____ State/Province: _____ ZIP: _____

Phone: () _____

Fax: () _____

Email: _____

Payment Information

I intend to pay by credit card (authorization below). The amount of \$_____

- Set up Fee
- Monthly Fee
- Both
- One time only

Credit Card Payment Agreement

I authorize DRB Customs Services to keep my signature on file and to charge my credit card account on an ongoing basis for amounts I owe.

I understand that this authorization is valid unless I cancel the authorization through written notice. I also agree to contact DRB if there are any changes to my credit card account information.

Select One: Master Card _____ Visa _____

Account Number: _____

Security digits (found on back of card): _____

Expiration Date: _____

Select One: Business Card _____ Personal Card _____

Cardholder Name: _____

Billing Address: _____

City: _____ State/Province: _____ Zip: _____

Authorized Signature: _____

Title: _____