



PAYMENT AUTHORIZATION

CUSTOMER

Customer No _____

Company Name _____

Phone & Fax _____

Date _____

CREDIT CARD

Credit Card Type _____ (Visa, Mastercard)

Name of card holder _____

Card number _____

Expiration date _____

Security code _____

PAYMENT METHOD

Per invoice _____

Per statement (month-end) - automatic payment is taken _____

The customer calls to make the payment _____

AUTHORIZATION

I hereby authorize DenPlus Inc. to use my credit card for payment of invoices incurred for my monthly purchases at DenPlus. This authorization will be valid immediately until further written notice

SIGNATURE

_____ Date

_____ Signature of card holder