



6955 Portwest Drive, Suite 100
Houston TX 77024-8083
tel 713.864.7845
fax 713.864.7849
discinc.com

Credit Card Authorization Form

CREDIT CARD: (Please check one)

VISA

MASTERCARD

DISCOVER

NAME ON CARD:

CARD NUMBER:

EXP DATE:

SECURITY CODE:

CARDHOLDER ADDRESS:

PHONE:

COMPANY:

PURCHASE ORDER:

By signing below you allow Disc, Inc. to charge your above credit card for the total amount invoiced. Invoice total will reflect your purchase order or work order request.

CARDHOLDER SIGNATURE: _____ **Date:** _____

SHIP TO ADDRESS (If different from above):

PHONE: _____

Cardholder acknowledges the above information to be true and accurate. Cardholder's signature authorizes Disc, Inc. to charge the invoice amount and agrees to perform the obligations set forth in the cardholder agreement.

PLEASE FAX COMPLETED FORM TO 713.864.7849