

Credit Card Authorization Form

Dade Restaurant Repair Shop, Inc.



Please Complete Form and Fax to:

Dade Restaurant Repair Shop, Inc.

Fax: 305.887.1472

Company Information

Company _____

Name _____

Phone Number _____

Credit Card Information

Card Holder Full Name _____

Signature _____

Billing Address _____

City / State / Zip _____

Billing Phone Number _____

Type of Card: Visa Mastercard American Express Discover

Credit Card Number _____

Expiration Date _____ Security Code* _____

* Visa, Mastercard and Discover - Last 3 digits on the back of credit card.
American Express - The 4 digits found on the corner of the front of credit card.

Amount \$ _____ Date _____

Company mentioned above authorizes Dade Restaurant Repair Shop, Inc. to charge the above credit card.

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential by our company.