



..... G R A P H Y

4205 Lindbergh Dr. • Addison, Texas 75001 • 972-701-8566 or 800-446-8368 • FAX 972-701-0968 or 800-336-8329

Credit Card Purchase Authorization

I, the undersigned, request and authorize DOT Thermography, Inc. to bill the credit or debit card indicated on this form for purchases from DOT Thermography, Inc. as indicated. I may change the valid credit or debit card or cancel this authorization at any time. I understand that this information will be kept on file at DOT Thermography, Inc. in compliance with Payment Card Industry Data Security Standards.

- Charge my card only for the following invoice(s)/job(s): _____
(attach additional sheets if needed). Any future charges to this card will require that I complete another copy of this form.
- Charge my card with every purchase as they occur.
- Call me before charging my card. Completed orders will not be released until DOT Thermography, Inc. receives my written or verbal approval to charge my credit card.

Dealer Name: _____ DOT Acct. no.: _____

Telephone: (____) _____ Fax: (____) _____

Credit Card no.: _____

Security Code on back of card: _____ Exp. Date: _____

Name exactly as it appears on card: _____

American Express Corporate Purchasing Card ID no.: _____

Credit Card Billing Address (the address where you receive your credit card bill):

Authorized Signature: _____

Date: _____