



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.

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: \_\_\_\_\_