



Credit Card Authorization Form

Please complete all fields.

ID must accompany this form, matching the name on the credit card being used.

NOTICE: There will be a required additional 3.5% merchant processing fee added to total.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
CVC Code: _____
Cardholder Billing Information:
Billing Address: _____
City, State, Zip: _____

I, _____, authorize Blue Diamond Attachments to charge my credit card above for the agreed upon purchase(s).

Customer Signature

Date

Comments: _____