

DARK ALLIANCE FIREARMS

CREDIT CARD AUTHORIZATION FORM

CREDIT CARDHOLDER INFORMATION					
NAME ON CREDIT CARD					
TYPE OF CREDIT CARD	VISA	MC	AMEX	DISCOVER	OTHER
CARD NUMBER					
EXPIRATION DATE					

BILLING ADDRESS					
CITY		STATE		ZIP CODE	
PHONE		EMAIL		FAX NUMBER	

AUTHORIZED USER OF CREDIT CARD	
NAME	
COMPANY	
PHONE NUMBER	
EMAIL ADDRESS	
DRIVER'S LICENSE NUMBER	
RELATION TO OWNER	
TYPE OF CHARGES	
AUTHORIZED AMOUNT	
DATE OF CHARGE	

AUTHORIZATION OF CARD USE

I certify that I am the authorized holder and signer of the credit card reference above.
 I certify that all information above is complete and accurate.

I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" field. I understand this is only for up to this amount during the time period of "DATES OF CHARGES" referenced above. If additional charges are going to be authorized a new form will have to be completed.

CARDHOLDER NAME			
SIGNATURE		DATE	

