

Credit Card Authorization Form

Please use this form if you intend to use your credit/debit card to pay
For your transaction(s) with Dedicated Delivery Professionals

Date: _____

Customer Name: _____

Please check type of card to be used:

Master Card _____ Visa _____ Discover _____

Credit Card Number: _____ **CVV** _____

Name of Card Holder: _____
(Please enter name as it appears on your credit card)

Expiration date: _____

Cardholder Telephone Number: _____

Cardholder Address: _____

Cardholder City/State/Zip: _____

**I AUTHORIZE DEDICATED DELIVERY PROFESSIONALS TO CHARGE MY
CREDIT CARD FOR THE FOLLOWING AMOUNT: \$ _____**

CREDIT CARD HOLDER'S SIGNATURE _____

*****Note 5% Company handling fee will apply to all transactions*****

**Please send completed form to Fax# 562 941-4055 or Email
dyount@ddpddl.com**

Pro Number _____ (for office use only)

Authorization number _____ (for office use only)

Requested by _____ (for office use only)