



D'ALASKA CO.

www.dalaska.com

AUTOMATIC CREDIT CARD BILLING AUTHORIZATION FORM.

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below sign and return the form. All requested information is required. Upon approval, we will automatically bill the credit card number(s) you specify for the total amount of each and every Invoice(s) (once the jobs are completed), and your total charges will appear on your monthly credit card statement(s). You may cancel this automatic billing authorization at any time by contacting us.

Customer Information (To be completed by merchant)

Company or Customer name:

Customer account number:

Phone:

Payment Information (To be completed by merchant)

I authorize **D'ALASKA CO.** to automatically bill the credit card listed below as specified:

Amount: \$ Any Amount

Frequency: Per Invoice(s)

Start billing on:

End billing when: Job completion

____/____/____

Customer Provides written cancellation

Credit Card Information (To be completed by customer or authorized person to use the card)

D'ALASKA CO. accepts the following credit cards: **VISA, MASTERCARD, DISCOVER. AND AMERICAN EXPRESS**

Credit card type: _____ Credit card number: _____ Expires: ____/____/____

Cardholder's name: _____
(as shown on credit card)

Cardholder's address: _____
Street Address: _____ City: _____ State: _____ Zip Code: _____
(from credit card billing address)

Customer's Signature: _____
(or person authorizing the charges per customer's request)