



 I authorize The Duke Company to charge my invoice/bill directly to the credit card listed below.

Name on credit card (exactly as printed)

Billing address for credit card

Credit Card Number Exp Date

City, State, Zip

Security Code Type of Card (circle one):

Signature Today's Date

Type of Card (circle one): Visa MC Discover Amex

If this is for a one-time payment, check here and indicate the Order#, PO# or Invoice#:

 Bill this one-time charge of \$ to the above credit card.

Order#, PO# or Invoice# _____

To bill all future invoices to this credit card, check here:

 Bill all future charges to the above credit card. Since my payment amount varies each invoice. I will receive notification of the amount and date of each charge. A printed receipt will be mailed for each transaction.

To receive notification on the amount of each invoice prior to charging the credit card, check here:

 Bill charges to the above credit card after receiving approval from _____.

Phone: _____ E-Mail _____ (attach additional contacts if needed).

Tell us how long you want us to automatically bill your credit card per the selections you made above:

This authorization is valid from the signature date above through ____/____/____.

This authorization is valid until I provide you with written cancellation.

Credit card information will be kept confidential at all times, and only approved personnel will access the information for the purpose of billing charges per the instructions above.