



818.562.1258: office | 818.562.1270: fax
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CREDIT CARD AUTHORIZATION FORM

Date: _____

I hereby authorize indie DCP to charge \$ _____ to my credit card.

____ VISA

____ MasterCard

____ American Express

Please note: American Express requires that we obtain a copy of the credit card in addition to the information requested below. Be sure to include a copy of your credit card at the time of form submission to avoid delays in processing your order. Thank you.

Company Name _____

Name of Cardholder (as printed on card) _____

Cardholder Billing Address _____

Card Account Number _____

Expiration Date _____ / _____

Cardholder's Signature _____