



Corporate Office
Financial Services Department
9050 Pines Blvd., Suite 250
Pembroke Pines FL, 33024
Phone: 954-893-8112
Fax: 954-893-8143

CREDIT CARD PAYMENT AUTHORIZATION

COMPANY NAME : _____

CARDHOLDER NAME (AS IT APPEARS ON THE CARD) : _____
FIRST LAST

BILLING ADDRESS: _____
STREET APT / SUITE NUMBER

_____ CITY STATE ZIP CODE

TELEPHONE #: _____

CREDIT CARD #: _____ EXPIRATION DATE: _____

SECURITY NUMBERS (VISA/MC: 3 DIGITS ON THE BACK OF THE CARD) _____

(AMEX: 4 DIGITS ABOVE THE CREDIT CARD NUMBER) _____

CREDIT CARD TYPE (Check One): AMERICAN EXPRESS VISA MASTERCARD

FREQUENCY CREDIT CARD SHOULD BE CHARGED (Check One): ONE TIME ONLY MONTHLY

This letter will serve as a written authorization for DAS Group (Directorial Advertising Solutions, Inc.) to charge the above-referenced credit card for the following invoices:

INVOICE #: _____ AMOUNT: _____

INVOICE #: _____ AMOUNT: _____

INVOICE #: _____ AMOUNT: _____

INVOICE #: _____ AMOUNT: _____

INVOICE #: _____ AMOUNT: _____

TOTAL DUE: _____

CARDHOLDER SIGNATURE: _____

**PLEASE FAX AUTHORIZATION FORM TO:
954-893-8143**