

Credit Card Payment Authorization

ADP Contact Name: _____

A. DUIE PYLE, INC. 800-792-6553

Fax 610-696-0815

DATE _____

CUSTOMER NAME:			ACCOUNT CODE		
STREET					
CITY		STATE	ZIP CODE	PHONE:	FAX:
E-MAIL ADDRESS:			CONTACT:		

CREDIT CARD INFORMATION

NAME REFLECTED ON CARD:	EXPIRATION DATE:: (mm/yy)
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VISA #	<input type="text"/>
MASTERCARD #	<input type="text"/>
AMERICAN EXP#	<input type="text"/>

Payment Information: List the Freight bills being paid:

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

TOTAL AMOUNT BEING CHARGED TO THE CREDIT CARD \$

Card Holder Authorization Signature: _____

Pyle Signatures: _____
(Driver, Customer Service, Accounts Receivable)

For A. Duie Pyle, Inc. Revenue Only, Not for COD's Rev. I /FF

*****DO NOT SCAN*****