



Credit Card Charge Request - Authorization

Date: _____

To: **Dovetail Billing**

Customer # _____ Company: _____

P.O.# (optional): _____

Description: _____

Card Type: _____ **CC#** _____ (16 digits/15 AMEX)
(visa, mc, amex)

Exp Date ____/____

Exact Name on Card _____

Billing Address _____

Billing City, State _____

Billing Zip Code _____

Telephone # _____

Email Address _____
(the charge receipt is emailed to this address)

Signature _____

Print Name _____

Date _____