



CREDIT CARD AUTHORIZATION FORM

I hereby authorize Sheets DMC and or Sheets to utilize the following credit card for all charges relating to the Services or Other as listed below.

DATE:	PROJECT:
CARD HOLDER NAME:	
CARD NUMBER:	CARD TYPE:
EXPIRATION DATE:	CVV Number (3-4 Digit Security Code):
BILLING ADDRESS:	
CITY, STATE & ZIP:	
TOTAL JOB AMOUNT:	DEPOSIT AMOUNT:
E-MAIL ADDRESS: PHONE NUMBER:	

I, _____, authorize "SHEETS" to charge the above credit card for the amount of \$_____ and the remaining balance when job is complete.

Signature: _____

Printed Name: _____

Date: _____

