

CUSTOMER CREDIT CARD AUTHORIZATION FORM



We Accept VISA, Master Card, American Express, and Discover

Date: _____ Company Name: _____

Billing Address 1: _____

Billing Address Line 2: _____

City: _____ State: _____ Zip: _____ Country: _____

Card Type: VISA Master Card American Express Discover

Credit Card# _____ Exp. Date (MM/YYYY): ____ / ____ Sec. Code: _____

Bank Name: _____ Phone: _____

Name on Card: _____ Phone: _____

By signing below, I authorize GDP Tooling to charge the credit card listed above in the following manner:

___ I authorize GDP Tooling to keep my credit card number on file and to charge my credit card whenever a new order has shipped.

___ I authorize GDP Tooling to charge my credit card *once* for the following invoice amount \$ _____

___ I authorize GDP Tooling to keep my credit card number on file but only to charge my card when approved by me as notified through phone, fax, or email.

Printed Name: _____

Signature: _____ Date: _____

Please download, sign, and return

**Please email to sales@gdptooling.com or call to provide
information at 1.800.544.8436**