



CREDIT CARD AUTHORIZATION

I/We _____

hereby authorize DPS, INC. to charge My/Our Credit Card:

Credit Card No. _____ Card Type _____ Exp. Date _____

Card Holder Name _____ Driver's Lic. # _____ Exp. Date _____

Card Holder Address _____ City _____ State _____ Zip _____

General description of items/services being purchased: _____

Order or Invoice Number (if applicable): _____

I/We further state that I/We are duly authorized to charge on the above Credit Card and so recognize the obligation of the signature below.

Name _____ Signature _____ Date _____

BUSINESS/PERSONAL INFORMATION

Business Name _____ Tax ID or Soc. Sec.# _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Please complete all information, sign and fax to DPS, INC. at (818) 240-3456.