

Credit Card Authorization

Complete all sections, sign and submit to payments@dasi-solutions.com or secure fax to 248.920.0890

Company Name:	<input type="text"/>		
Contact Name:	<input type="text"/>	Phone:	<input type="text"/>
Company Address:	<input type="text"/>	Fax:	<input type="text"/>
	<input type="text"/>	Reference:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>
		Zip Code:	<input type="text"/>
E-mail Address:	<input type="text"/>	DASI Rep:	<input type="text"/>

Payment Type

Master Card Visa American Express Discover

Amount \$

Credit Card Information

Name as it appears on card:

Card Number:

Expiration Date: 3-Digit Code:

The cardholder authorizes DASI Solutions to charge the above credit card for the amount specified.

Cardholder Signature

Date

The mailed invoice from DASI Solutions will serve as your receipt.
If you have questions concerning payment, pricing, or products contact us at 888.327.2974