CREDIT CARD PURCHASE FORM

Company Name					
Name As Shown On Cr. Card					
Billing Address For Cr. Card					
	#	Street Name		Suite #	
	City	Р	rovince	Postal Code	
Credit Card Type/Number					
	Visa / MC	Credit Card Number			
	Exp. Date	CVV Number	CVV Number (last 3 on back)		
I hereby authorize DRI-LINE have indicated Invoices in "It I hereby authorize charges fr paying my Invoices. I unders of any changes to my credit of I agree to notify Dri-line Produshall be so in writing, and ematers in the second statement of th	ems to Pay" and Amorem the above credit/ stand that I am respondered information cts that should I want ailed to info@dri-line.com Invoices, Please fill the	ount to "Pay Area" *. debit card account for the nsible for notifying Dri-line to discontinue using my cre om for record keeping purp e bottom information and e	purpose of Products edit card, thoses.	of Ltd.	
PLEASE USE BELOW AREA	IF AUTHORIZING FO	R ONE TIME PURPOSE (ONLY*:		
Item to Pay		Amount to Pay			
Item to Pay		Amount to Pay			
Item to Pay		Amount to Pay			
Item to Pay		Amount to Pay			
Item to Pay		Amount to Pay			
		Grand Total:			
Email Address			1		
Authorized Signature			Date		

 $^{^*}$ Orders will not be processed until form is received and processed. Invoices under \$250 may be subject to a 2.5% processing fee.