



1305 Medical District Drive - Dallas, TX 75207 - 888-474-4671

CREDIT CARD AUTHORIZATION FORM

Company Name: _____ Date: _____

I, _____, authorize Tribute Signs to charge on my credit card for all orders placed by the person/company named on this card.

Credit Card Information:

Credit Card: M/C Visa Amex Discover

(please circle one)

Credit Card Number: _____

Expiration Date: _____/_____/_____

(month) (day) (year)

Credit Card Bill To Address: _____

City State: _____

Bill To Zip Code: _____

Signature Panel Code: _____

(AMEX 4 Digit on Front of Card DISC MC/VISA 3 Digit on Back of Card)

Cardholders Name: _____

(exactly as it appears on the card)

X _____

(signature of cardholder)