



Credit Card Authorization Form

Please complete and sign this authorization form to allow us to bill your account. All fields are required. Your credit card will be billed automatically for the indicated charges and they will post as DAC on your statement. You may cancel this automatic billing authorization with 30 days notice by contacting us in writing. If you have any questions or need help, feel free to give us a call at 866-966-8881. We thank you for your business!

Customer Information

Business Name: Lead Contact:

Phone Number: Email:

Payment Information

I authorize DAC to charge the card listed below as follows:

One-Time Monthly

Amount: Frequency: Start Billing On:

Card Information

Card Type: VISA Mastercard Other

Card Number: Exp. Date:

CVV: Cardholder's Name:

Billing Address: City:

State: Zip: Signature:

