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Hollywood, FL PH: 954-967-0700 F: 954-967-1155

WWW.DACOWORLD.COM SALES@DACOWORLD.COM

Authorization for Credit Card Use and Payments

Credit Card Information:			
Name (as seen on card):			
Company Name:			
Billing Address:			
City:	State:	Zip Code:	Country:
Type of Card:Visa	MCAmex		
Card Number:			
Expiration Date:	V code	e:	
Invoice Paid	Amount (\$)		
Fees (2%- dom)			
(3%- Int'l) Total:			
services purchased from our co	mpany, its principals to the best of my kno	and/or representatives. A owledge. I accept the term	orm of payment for listed products or All information provided is ans and conditions set forth by the
Name/Title:			
Signature:			
Date:			