



Credit Card Authorization Form

Your signature on this form authorizes Troy Vines, Inc. to automatically process payment of your monthly statement **and/or** the Invoice(s) listed below using your credit card. One attempt will be made to process payment from this credit card. In the event the card is declined, the customer will be notified by phone and payment by check will be required. If you have any questions please feel free to contact me at the number or email above.

Customer Name: _____ **Customer Number:** _____

Payment amount: \$ _____ **Invoice Numbers:** _____

Card Type (circle one): VISA MASTERCARD DISCOVER AMEX

Card #: _____ - _____ - _____ - _____ **Exp. Date:** _____

Billing Zip Code: _____ **3 digit code on card** _____
(4 on front of Amex)

Card Holders Name: _____
(exactly as it appears on the card)

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Cardholder Phone #: _____

Cardholder's Email Address: _____

Cardholder Signature: _____
Signature Required

Date Signed: _____

*****FAX FORM TO TROY VINES*****

432-682-5595

or

accountsreceivable@troyvines.com