



V&V Delivery Services

On-time Performance Guaranteed

Card Authorization form

Name_____

Company_____

Address_____

City, State & Zip_____

Circle one Charge Amount \$_____

M/C VISA AMEX DISC Other_____

Card #_____

Expiration _____ CVV _____

Order # _____

Description _____

Invoice # _____ Ref _____

Transaction # _____

Date _____ Done by _____

Notes _____

To be completed if card kept on file

Account Charge Card approval Authority _____

Date _____ Card Expiration _____

Account Limit _____ Date of Acct setup _____

TDS Acct # _____