

# copyDR

## **Pay by Credit Card Retail Account**

Fax back to : \_\_\_\_\_  
Name of copyDR Associate you are working with

Friendswood      281-482-7502 fax

Houston      713-979-2635 fax

I authorize **copyDR** to charge the following amount to the credit card listed below:

Job/Account Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Amount \_\_\_\_\_ Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date on Card \_\_\_\_\_ CVV Code \_\_\_\_\_

Billing Address \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_