

DIAZO SPECIALTY BLUEPRINT, INC CREDIT CARD HOLD AUTHORIZATION

Complete the following information to allow Diazo Specialty Blueprint, Inc. to hold your credit card information on file and charge per invoice.

Date: _____

Company: _____

Address: _____

Contact: _____

Phone: (____) ____ - ____

Email (for copies of your invoice): _____

Card type: _____

Card number: ____ - ____ - ____ - ____

Expiration: ____/____

Security code: _____

Thank you for your cooperation.