



Credit Card Charge Authorization Form

Customer Name: _____

Number: _____

- Divine Brothers
 Munson Machinery
 DICO Products

Credit Card Billing Information:	
Cardholder Name:	_____
Card Type:	_____
Card Number:	_____
Expiration Date:	_____
Authorized Payment Type:	
Bill my credit card once for the following amount: (Enter \$ amount and Invoice #s)	A: _____
Bill my credit card for the following purchase/sales order(s), plus freight upon shipment: (Enter PO/SO #)	B: _____
Bill my credit card once per month (on the 25 th) for the amount due for product invoiced:(Customer's Initial)	C: _____
<p>Applicant agrees that all information is accurate and complete. Applicant agrees that a second charge for Freight (PP&A orders) plus production quantity variance will be billed upon shipment. Applicant also acknowledges that all orders may be terminated at the Company's discretion if any charges are declined or charge backs are claimed against any outstanding invoiced amount.</p> <p>Note: The charged will show as Dimanco, Inc. on your Card Statement</p> <p>Disputes to amounts should immediately be reported to rklein@divinebrothers.com (315) 797-0470 x218 FAX: (315) 797-0058</p> <p>Changes in the status of this card should also be reported immediately.</p>	

The undersigned is the duly authorized representative of:

Signature: _____

Date: _____

FAX OR MAIL TO:

Divine Brothers Company,
 Munson Machinery Company or
 DICO Products Corporation
 Attention: Robin Klein
 200 Seward Avenue
 Utica, NY 13502