

To Be Completed By David's Bridal Associate: _____
DB Associate Processing CC Order: _____ Authorization Code: _____
Contract Dates: _____

Credit Card Authorization Form
-Vendor Partnership Program-

Vendor Company Name: _____
(Please Print)

Vendor Account Number: _____

Or

New Vendor:
(Check one)

Contact Phone Number: --

Last 4 numbers of Credit Card:

Credit Card Billing Address (Please Print):

Amount Authorized: \$ _____

One Time Charge:

Recurring Charge:

Authorized Credit Card Signature: _____ **Date:** ____/____/____

Please Fax to 610-943-2539 Attn: Vendor Partnership Program

Credit Card Type: **Visa**

(Check one) **MasterCard**

Discover

Amex

Credit Card Number:

If using Debit Card, please add the CCV # from the back of the card:

Credit Card Expiration Date: ____/____
(month) / (year)

Name as it appears on card: _____
(PLEASE PRINT)