

# Dealer Party Supply Inc.



Post Office Box 103  
Loomis Ca 95650-0103  
916 652 2500  
800 873 3325

## CREDIT CARD PURCHASE AUTHORIZATION

TYPE OF CARD:       MASTERCARD       American Express  
                          VISA                       Discover

CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

CARDHOLDER'S NAME: \_\_\_\_\_

CARDHOLDER'S BILLING ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize Dealer Party Supply Inc. to charge \$\_\_\_\_\_ to my credit card  
account for the purchase of:

\_\_\_\_\_

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

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### OFFICE USE ONLY BELOW THIS LINE

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CARD PROCESSED:      INITIALS                      DATE

PAYMENT RECORDED:      INITIALS                      DATE