



**DRAUGHON BROTHERS INC.**

127 Maxwell St  
Fayetteville, NC 28301  
Phone: 910-484-7131  
Fax: 910-484-7132

## Credit Card Authorization Form

Please fill out this form and fax back to:

Draughon Brothers Inc.  
Attn: Accounting Department  
Fax: (910) 484-7132

Credit Card (Check One) \_\_\_ Visa \_\_\_ Mastercard

Name as it appears on card \_\_\_\_\_

Billing Address for card \_\_\_\_\_  
\_\_\_\_\_

Phone(\_\_\_\_) \_\_\_\_\_

Credit Card Account # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Credit Card Verification # \_\_\_\_\_ (Last 3 digits on the back of the card for MC/Visa)

Amount to be charged \_\_\_\_\_

Reference Invoice/Quote # \_\_\_\_\_

I \_\_\_\_\_ (print name) authorize Draughon Brothers Inc. to charge my account the amount specified above and I fully assume responsibility for these charges even if goods and/or services have not yet been rendered. I agree to use this Credit/Debit Card with the same caution as with cash and I agree to resolve any and all disputes directly with Draughon Brothers Inc.

Signature of Cardholder \_\_\_\_\_ Date \_\_\_\_\_