



CREDIT CARD AUTHORIZATION

PLEASE PRINT AND RETURN THIS AUTHORIZATION TO GVDS.
ALL INFORMATION WILL REMAIN CONFIDENTIAL.

Name on Card: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Last 4 Digits of Credit Card Number: _____
(please contact GVDS by phone to provide full card #)

Expiration Date: _____

Security Code: _____ (3-digit code on back of card)

I authorize Grain Valley Dog Supply to charge the credit card provided for purchases I make on an ongoing basis. I agree to pay for my purchases in accordance with the issuing bank cardholder agreement.

Cardholder - Please Sign and Date

Signature: _____ Date: _____

Printed Name: _____