



MILLER
imaging & digital solutions

**CREDIT CARD
AUTHORIZATION FORM**

MillerIDS.com

DOWNTOWN: 1000 E 7th St. Austin 78702
512.478.8793 info@MillerIDS.com

NORTH: 10713 Metric Blvd. Austin 78758
512.837.8888 metric@MillerIDS.com

MAILING: P.O. Box 81771 Austin 78708-1771
512.478.8793 acctg@MillerIDS.com

CARDHOLDER INFORMATION

Name:

Billing Address:

City: State: Billing Zip Code: Direct Phone:

Email:..... Alternate Phone:

PAYMENT INFORMATION

I authorize Miller IDS to process a one-time charge against my credit card for the following amount: \$

Reference Invoice / Work Order / Quote Number:

Account Number/Name on Account (if applicable):

I authorize Miller IDS to retain my card information and process a charge against my credit card when contacted to process payment.

Account Number/Name on Account (if applicable):

I authorize Miller IDS to retain my card information and process a charge against my credit card for each invoice at the time of completion.

Account Number/Name on Account:

I authorize Miller IDS to retain my card information and process a charge against my credit card for the statement balance at the

beginning of each month. Account Number/Name on Account:

Special Instructions:

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CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa American Express Discover Card

Number:

Expiration Month: Expiration year: Billing Zip Code (if different than above):

Cardholder Signature: Date: