



**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

**COMPANY INFORMATION**

Company Name: .....

Contact Name: .....

Physical Address: .....

City: ..... State: ..... Zip Code: ..... Phone: .....

Email: .....

Keep card on file for future use (Internal Use Miller Acct# .....)

One Time Use

**Credit Card Information**

Credit Card Type:  MasterCard  Visa  American Express  Discover Card

Number: .....

Expiration Date (MM/YY): ..... C V V #: .....

Name On Card: .....

Billing Address: .....

City: ..... State: ..... Zip Code: .....

By signing below, cardholder authorizes Miller IDS to process their credit card as stated in the checked box above.

Cardholder Signature: ..... Date: .....

**\*Please Note: A 3% service fee will be added to each transaction with a credit card account.**

**Email signed form to Acctg@MillerIDS.com**