



**MILLER**  
Imaging & digital solutions

CREDIT CARD  
AUTHORIZATION FORM

One Time Use  
**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

**MILLER INFORMATION**

Company Name: .....

Contact Name: .....

Phone Number: .....

Email: .....

Miller Order# ..... Miller Invoice# .....

**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 a one-time charge against my credit card for the following amount.

Amount: \$.....

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

Email Signed Form to .....