



Tommy D's Phone Credit Card Payment Authorization:

Date: _____ Customer ID: _____

Customer Name: _____

Business Name: _____

Street Address: _____

Street Address Line 2: _____

Apt/Suite: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

I hereby authorize Tommy D's Home Improvement Center to allow me the convenience of making payments over the phone. I further agree to not file any dispute for transactions authorized and paid for over the phone on my behalf. I understand that I am the only individual able to authorize payments over the phone for my company. Each time I make a Phone Payment I will provide a Credit Card Number, Name/Business on the Card, Billing Address, Phone Number, Expiration Date and CVC code for verification. Name on the Card and Billing Address must match the information I provided above. I reserve the right revoke Tommy D's Home Improvement Center from processing Phone Payments on my behalf, I agree to provide written notice should I elect to revoke my Phone Payment Authorization. By signing below, I agree to all the above terms and conditions.

Signature: _____ Date: _____

OFFICE USE ONLY:

- Photocopy Credit Card with # Blacked Out _____ (Date/Initials)
- Photocopy Card Holders Driver's License _____ (Date/Initials)

