



DALCUORE

CREDIT CARD AUTHORIZATION FORM

3325 NW 79TH Ave. Doral, FL 33122
Ph. (305)471-9552– Fax (305) 4708282
Please complete the information below.

Payment Type:

VISA



DISCOVER

Name of Cardholder: _____

Company Name: _____

Billing Address: _____

City: _____ State _____ Zip _____

Credit Card Number: _____

Expiration Date: ____ / ____ CVV (Last 3 numbers on the back) _____

Order Number: _____ Amount to Pay \$ _____

Signature*

**By inserting your legal name, you are signing this agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this agreement. By inserting your legal name, you consent to be legally bound by this agreement's terms and conditions.*

Notes:
