



**D Now Inc.**  
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Invoice # \_\_\_\_\_

**Credit Card Payment Authorization Form**

Sign and complete this form to authorize **D Now Inc** to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

**Please complete the information below:**

I \_\_\_\_\_ ( full name) authorize **D Now Inc** to charge my credit card account indicated below for \_\_\_\_\_ ( amount).

Card Billing Address \_\_\_\_\_ Phone # \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type:	_____ Visa	_____ MasterCard	_____ AMEX
Cardholder Name	_____		
Company Name	_____		
Account Number	_____		
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX	_____		
Expiration Date:	_____		

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to this terms outlined above. This payment authorization is for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated in this form.