

Return fax to 713-783-2555 or email to wholesale@dpstyle.com

**DPSTYLE**  
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**CREDIT CARD AUTHORIZATION FORM**

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**NAME OF COMPANY** \_\_\_\_\_

**PAYMENT INFORMATION**

*(please check one)*

\_\_\_\_\_ This CC Application is to be applied for this order only \_\_\_\_\_  
*( P.O. or Invoice Number)*

\_\_\_\_\_ This CC Application is a Standing Authorization for all my orders until \_\_\_\_\_  
*(Expiration date)*

**CARD INFORMATION**

TYPE OF CREDIT CARD            VISA \_\_\_\_\_  
*(Please check one)*                MASTER CARD \_\_\_\_\_  
    DISCOVER \_\_\_\_\_  
    AMEX \_\_\_\_\_

EXACT NAME ON CREDIT CARD \_\_\_\_\_  
*Signature required below*

CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

CREDIT CARD DOLLAR LIMIT OR  
RESTRICTIONS \_\_\_\_\_  
\_\_\_\_\_

**APPROVAL**

*Signature of card holder is required. This application is not valid unless signed by authorized user.*

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SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

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PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_