



118 Kentucky Ave SE Washington DC 20003 ♦ P: (202) 546-5898 ♦ F: (202) 546-6020

Customer Credit Card Authorization

Customer Contact Information

Customer Name: _____

Company (if applicable): _____ Contact Name: _____

Address: _____ City/State/Zip: _____

Phone No. / ext.: _____ Fax No.: _____

Credit Card Information

Support Card Types:    

Credit Card Number: _____

Expiration Date: _____ Card Code: _____

Name and Billing Information associated with card (if different from above)

Name: _____

Address: _____ City/State/Zip: _____

Phone No. / ext.: _____ Fax No.: _____

Amount to Charge: _____

Billing Frequency: _____ One Time _____ Monthly _____ Annually

Additional Amount to Charge: _____

Billing Frequency: _____ One Time _____ Monthly _____ Annually

The undersigned certifies that permission was asked and granted to process payments to DC Access.

Signature: _____ Date: _____

| | |
|---|-----------------------------|
| FOR OFFICE USE ONLY: | |
| Accepted By: _____ | Date Accepted: _____ |
| *Original document will be on file in Finance | |