

# Credit Card Authorization Form



PAINT AND FLOORING CENTERS

Please complete the information below and fax to 660-827-1323 or mail to:

PO Box 1385  
Sedalia, MO 65302

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Circle Type of Card:  Visa  MasterCard  Discover  Debit  Synchrony

Print name as it appears on card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

I authorize Dugan's to charge this credit card.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

