

CREDIT CARD INFORMATION



Dramen, Inc. 601-107 Hutton St., Raleigh, NC 27606 Phone (919) 828-5464 Fax (919) 828-5513 www.dramen.com sales@dramen.com

PRIMARY CARD

CHECK ONE:  VISA  MASTERCARD

CARD NUMBER: _____ EXPIRATION DATE: ____/____ CVV CODE: _____

NAME (As it appears on card): _____

CARD BILLING ADDRESS: _____
STREET/P.O. BOX ADDRESS CITY STATE ZIP

AUTHORIZED PERSONS WHO MAY USE THIS CARD: _____

SECONDARY CARD

CHECK ONE:  VISA  MASTERCARD

CARD NUMBER: _____ EXPIRATION DATE: ____/____ CVV CODE: _____

NAME (As it appears on card): _____

CARD BILLING ADDRESS: _____
STREET/P.O. BOX ADDRESS CITY STATE ZIP

AUTHORIZED PERSONS WHO MAY USE THIS CARD: _____

I am the authorized signer of the above card(s) and hereby give permission to bill my credit card when requested. I agree not to dispute any credit card charges after thirty (30) days of the purchase. Furthermore, I agree to take up any questions regarding my account with Dramen, Inc. directly.

SIGNATURE _____ PRINT NAME _____