



Burton Technical Services LLC
1214 Metro Park Blvd., Ste. 101
Lewisville, TX 75057
Phone: (972) 353-0900
Fax: (972) 353-3033
www.btsatm.com
accounting@btsatm.com

Credit Card Authorization

ALL FIELDS REQUIRED

Company Name: _____

Cardholder Name as it Appears on Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Card Type: Visa Mastercard American Express Discover

Card Number: _____

Expiration Date: ____/____/____ CVC/CVV: _____

Please Check One: One-Time Use – Amount Authorized \$ _____ + S&H

Keep on File for Future Invoices

E-Mail Address: _____

Phone # (____) _____ - _____

As the authorized cardholder, I hereby grant Burton Technical Services LLC (herein referred to as “BTS”) permission to charge the credit card shown above for the amount shown above. By checking the option “Keep on File for Future Invoices” above, I hereby grant BTS permission to keep the above credit card on file for use on future purchases made with BTS, until permission is revoked in writing by cardholder.

Authorized Signature: _____ Date: ____/____/____