



CALIFORNIA SURVEYING
& DRAFTING SUPPLY

Credit Card Payment Authorization

Please fax completed form to 916.344.2998 or email to accounting@csdsinc.com

Payment Method

American Express Discover Mastercard Visa

Credit Card Number _____ CVV Code _____

Name on Credit Card _____ Exp. Date _____

Billing Verification (The following is required to process your order)

Company Name _____

Attention To Name _____

Mailing Address for Credit Card _____

City _____ State _____ Zip _____

Payment Data (Check the box that applies)

Single Charge Amount \$ _____ Card on File

Authorized Signature _____

Print Name _____ Date _____

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