

Company Name:  
\_\_\_\_\_Name on Card:  
\_\_\_\_\_Card Type:            VISA            MASTERCARD            AMEX            DISCOVER  
(circle one)Card Number:  
\_\_\_\_\_

Exp Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

(Visa/MC/Discover 3-digits on back of card) (Amex 4-digits on front of card)

Billing Zip Code: \_\_\_\_\_

**I agree to allow the credit card to be charged for invoices that exceed the limits of my term agreement.**Authorized Signature:  
\_\_\_\_\_Title:  
\_\_\_\_\_Date:  
\_\_\_\_\_

PLEASE RETURN COMPLETED FORM

Email to: [AR@dtph.com](mailto:AR@dtph.com)

or

Fax to: (435) 673-3762

175 N. 400 E.  
ST. GEORGE, UT 84770  
(435) 215-7634831 E. PILOT ROAD  
LAS VEGAS, NV 89119  
(435) 215-7634