

Company Name:

Name on Card:

Card Type: VISA MASTERCARD AMEX DISCOVER
(circle one)Card Number:

Exp Date: ____ / ____ Security Code: _____ Billing Zip Code: _____
(Visa/MC/Discover 3-digits on back of card, Amex 4-digits on front of card)**I agree to allow the credit card to be charged for invoices that exceed the limits of my term agreement. I understand there will be a 2.9% surcharge fee for all payments made with credit card.**Authorized Signature:

Title:

Date:

PLEASE RETURN COMPLETED FORM

Email to: AR@dtph.com or Fax to: (435) 673-3762

175 N. 400 E.
ST. GEORGE, UT 84770
(435) 215-76347015 Corporate Plaza
Dr, STE 110
LAS VEGAS, NV 89119
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