



Dunphy-Smith Supply
Wholesale Distributors
Heating & Air Conditioning Products

Letter of Authorization

Date: _____

Company Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Card Type:		
Name on Card:		
Cardholder Signature:		
Card #:	Exp:	CVV:
Enter credit card billing address below if different than company address		
Address:		
City:	State:	Zip:

This form serves as authorization to:

- Have \$ _____ charged to this card
- Keep the card on file for future use