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Credit Card Authorization Form

Your Business Name (as listed with Eldorado):

Cardholder Name: (Please Print) _____

Card Billing Address: _____

Street Address _____

City: _____ State _____ Zip Code _____

Home Phone : _____

Card Number: _____ Exp. Date: ____/____

Security Code Number: ____ ____ ____

(This number is 3 digits on the back of your card unless the card is Amex then it is 4 digits on the front of card)

Type of Card: Visa Master Card Discover American Express

By signing this form and submitting this information you acknowledge that you are authorizing Eldorado (ETC Inc) to charge your credit/debit card for purchases and/or shipping charges as are applicable to each purchase. If you do not wish an order to be charged to this card it is your responsibility to contact Eldorado at the time you place an order to specify such instructions. Please note any declination of the charge by the processing company will delay your order.

Card Holder's Signature: _____

Date: _____

Office use only Eldorado Account # _____