



DDMWorks
119A Hwy 153
Piedmont, SC 29673

Credit Card Authorization

Company/Customer Name: _____
Name as it appears on card: _____
Billing Address: _____
Phone Number: _____
Email Address: _____

Credit Card Type and Number: _____ Visa MC Discover Amex

Expiration Date: _____ Security Code (3 digits on back of card – if AMEX, 4 digits on front) : _____

Please keep this card on file for this and future purchases.

Please use this card for this order only.

I hereby authorize and request the use of this credit card for my DDMWorks purchase(s), as indicated above.

Authorized Signature: _____ Date: _____

Print Name: _____

Title (if Company representative): _____

DDMWorks holds the right to deny orders if payment(s) cannot be collected.

Thank you for choosing DDMWorks. We look forward to working with you!
Please email completed form to
(if a scanner is not available you may send a quality/legible photo of the document)
Email: Ivy@DDMWorks.com