



Don's Johns, Inc. • 5524 Wellington Rd. • Gainesville, VA 20155  
703-273-7100 • Fax 703-991-3002 • www.donsjohns.com

*Our People Make the Difference*



## Credit Card Authorization Form

Please complete and fax to 703-991-3002 or email to CustomerService@donsjohns.com

### Payment Information

Visa       MasterCard       American Express       Discover

Card holder's name (as it appears on card) \_\_\_\_\_

Card number \_\_\_\_\_

Expiration date \_\_\_\_\_

CVV security code \_\_\_\_\_

### The billing address as it appears on my statement

Street address \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

Country \_\_\_\_\_

Phone number \_\_\_\_\_

Email address for receipt \_\_\_\_\_

By signing below and submitting for payment, I acknowledge acceptance of Don's Johns, Inc. Terms and Conditions. In the event of a dispute, requests for a refund must be submitted in writing along with all documentation in accordance with standard policy of company issuing credit card. If you wish to remove your credit card from auto-pay, such notice must be received in writing.

\*\*\*I agree that if my account becomes overdue by more than 45 days, the total amount outstanding and future bills will be automatically charged to my credit card.\*\*\*

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_