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## Credit Card Authorization Form

To pay for your Designs Group Consulting products & services via credit card, please fill in the following information, sign and return via email to [dannet@designsgrp.com](mailto:dannet@designsgrp.com) or via post office to Designs Group Consulting, 4 Lerida Lane, Hot Springs Village, AR 71909.

Company Name: \_\_\_\_\_

Billing Address  
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Invoices #'s to Pay: \_\_\_\_\_  
\_\_\_\_\_

Credit Card #: \_\_\_\_\_

Credit Card Type:  AMEX  MasterCard  Visa

Name On Credit Card: \_\_\_\_\_

3 or 4 Digit Security Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Amount of Charge\*: \_\_\_\_\_

I hereby authorize Designs Group Consulting to charge the above amount to the referenced credit card. \*I understand there will be a \$3.00 credit card processing fee applied to the total amount being paid by credit card.

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of Credit Card Holder: \_\_\_\_\_

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