



## Credit Card Authorization

I authorize TPM, Inc. to bill the following listed credit card in the amount of \$ \_\_\_\_\_ (plus applicable taxes) for payment.

Credit Card Type:  Visa  MasterCard  American Express  Discover

Credit Card Number: \_\_\_\_\_

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

Name of Business: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

Card Billing Address 2: \_\_\_\_\_

Card Billing City, State: \_\_\_\_\_

Card Billing Zip Code: \_\_\_\_\_

Card Security Code: \_\_\_\_\_

(Located on the back of the card next to signature line/Front of card on American Express)

\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
Date

[www.tpm.com](http://www.tpm.com) | 1-800-922-1145

Greenville, SC

Columbia, SC

Charleston, SC

Charlotte, NC

Raleigh, NC

Atlanta, GA