

DAPS CREDIT CARD AUTHORIZATION FORM for equipment

Date: _____

Acct # _____

DAPS BPA EQUIPMENT

SERVICES FOR FY _____

Name of GPC Card Coordinator: _____

GPC Card Coordinator Phone # _____

Credit Card # _____ Exp. Date _____

Security Code # (last 3 digits of the code on the back of card) _____

Card Type: _____ VISA _____ MASTERCARD

Card Holder Name (as on card): _____

Phone # _____ Fax # _____

Email Address _____

Enter your complete mailing address in the box below:

As an authorized user of the above credit card, I am using it to make a purchase from DAPS and hereby authorize the charges incurred.

Signature of Card Holder _____

Please fax to: (703) 607-5202

Or Mail to: DAPS Washington D.C. Office
1401 S. Fern St.
Arlington, VA 22202-2889

Any questions, please call (703) 607-5209.

This form will be kept on file.