## **CREDIT CARD AUTHORIZATION FORM: Emergency Discount Program**

## Prompt Payment Discount: 2% (Effective from today to July 31, 2020)

COMPANY INFORMATION:		
Company Name:		
Company Address:		
City:		
DI.		
Email:		
Owner:		
	Years In Business:	
CREDIT CARD INFORMATION:  Cardholder Name:		
Expiration Date:		
☐ Billing Address Same as Busine	ess 4-Digit Amex Security Code:	
Credit Card Billing Statement Addres		
City:	State:	Zip:

By completing, signing, and returning this Authorization, I agree to allow Dempsey Uniform & Linen Supply, Inc. to charge the card listed above for any charges incurred due to the rental, or sale of linens and may also be used for the replacement cost of lost linens.

Any invoices paid by credit card between today's date and July 31, 2020 will receive the prompt payment discount specified above. Any invoices dated prior to today's date will be paid immediately with this credit card. Any invoices dated after today's date will be paid upon delivery with this credit card.

I understand that the card will be kept on file until it expires or until I request that it no longer be used.

Authorized Signature: Print Name:



UNIFORM & LINEN SUPPLY

Phone: 570.307.2300 • Toll Free: 800.378.8060 Fax: 570.307.2305 **Email:** 

accounts.receivable@dempseyuniform.com

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