



Dunphy-Smith Supply

Wholesale Distributors
Heating & Air Conditioning Products

Letter of Authorization

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

Form with fields for Company Name, Address, City, State, Zip, Phone, Fax, Card Type, Name on Card, Cardholder Signature, Card #, Exp, CVV, and a section for credit card billing address.

This form serves as authorization to:

- Have \$\_\_\_\_\_ charged to this card
Keep the card on file for future use