



**P.D. BROOKS TRAFFIC CONTROL**

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SERVING THE CONTRACTING INDUSTRY

Automatic Charge Authorization

I hereby authorize PD Brooks Co, Inc to process my Visa, Mastercard, Discover or AMEX for automatic payment.

- CARD TYPE
- VISA
  - Mastercard
  - Discover
  - American Express

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

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

Security Code: \_\_\_\_\_ (Last 3 Digits on the back of your card)

I understand that it is my responsibility to review my invoice for accuracy prior to the charge date and that this authority will remain in effect until cancelled by either party with 30 days written notice.

A \$25 return charge fee will be due for non-payment of card.

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

Signature: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

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