

**This
purchase
only**☐ I authorize dinCloud to charge this amount \$ _____ on the credit card indicated below.**Future
purchases
also**☐ I authorize dinCloud to charge the credit card indicated below for future purchases.**Credit
card**

Card holder's name

Billing Street Address

Billing City, State, ZIP

Security Code

Card Type

☐ Visa☐ MasterCard☐ American Express☐ Discover

Card Number

Expiration Date

Signature and date

**Contact
info**

Phone

Email

**We will use this information solely to
verify your order. We will not share this
information with direct marketers.****Office use
only**

For dinCloud use:

Contact:(424) 286-2300