



Domino's Franchisee Association | P.O. Box 536 | Schertz, TX 78154 | 210.845.1072 | fax 866.812.7727

CREDIT CARD AUTHORIZATION

In order for Domino's Franchisee Association to accept a credit card as a method of payment, the following information must be completed in full and signed by the cardholder or other authorized personnel.

Name on Credit Card _____

Billing Address _____

City/State/Zip _____

Card Holder Phone _____

Type of Card: MC/Visa Amex

Credit Card Number _____

Exp. Date _____

Please indicate frequency of payments:

Annual Bi-Annual Quarterly Monthly

Please use the credit card for Auto Renewal of my membership for the following year.

By signing this form, you authorize the Domino's Franchisee Association to process your credit card for your Membership Dues on an Auto Renewal basis until such renewal is cancelled. If applicable, you are also granting permission to the DFA to process your credit card for Bi-Annual, Quarterly or Monthly Payments.

Signature _____

Printed Name _____

Date _____

F Code _____ # of Stores _____