

Credit Card Authorization/ Residential

I, \_\_\_\_\_, authorize Thompson Electric, Inc, to bill  
my \_\_\_\_\_ credit card # \_\_\_\_\_ that  
expires in \_\_\_\_\_ of \_\_\_\_\_, not to exceed \$ \_\_\_\_\_ for electrical  
services performed at \_\_\_\_\_.

Please include a copy of the front and back of your credit card.

Please print this page and complete in ink. Please include a copy of the front and back of  
your credit card.

Thank you,

Donna Rehberg  
Bookkeeper  
Phone: 904-353-1500  
Fax: 904-353-2777

Signature: \_\_\_\_\_

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