



Credit Card Enrollment Form

Form: F2101.01F

DELAWARE NORTH COMPANIES *Payment via VISA Credit Card*

The undersigned vendor wishes to receive payment via a VISA credit card. This instruction may be cancelled by the vendor at any time on notice to Delaware North.

VENDOR NAME: _____

VENDOR NUMBER: _____

EMAIL ADDRESS(ES): _____

CONTACT NAME: _____

CONTACT PHONE NUMBER: _____

AUTHORIZED SIGNATURE: _____

AUTHORIZED NAME/TITLE: _____

(Do not write below this line.)

FOR DNC CORP USE ONLY:

Sign below as each process step is completed:

WORKS: _____

DATE: _____

PEOPLESOFT: _____

DATE: _____

LOG: _____

DATE: _____

CONFIRMED: _____

DATE: _____

VOUCHERS: _____

DATE: _____

Identify to whom credit card data was provided:

VENDOR CONTACT: _____

DATE: _____