CREDIT CARD CHARGE AUTHORIZATION FORM

step1:

COMPANY NAME: DATE:

PHONE: ( ) FAX: ( )

PQL ACCOUNT #:

step2:

INVOICE NUMBER	AMOUNT TO CHARGE
TOTAL AMOUNT TO CHARGE:	

step3:

❑ PLEASE USE FOR FUTURE PURCHASES ❑ PLEASE DISCARD AFTER THIS AUTHORIZATION

TYPE OF CREDIT CARD: ❑ VISA ❑ MASTERCARD ❑ DISCOVER ❑ AMERICAN EXPRESS

CC ACCT #: **VERFICATION CODE:** (FROM BACK OF CARD) **EXP DATE:**

NAME ON CARD (PLEASE PRINT):

CREDIT CARD BILLING ADDRESS:

CITY: STATE: ZIP:

step4:

SIGNATURE:

PLEASE ❑ MAIL OR ❑ FAX CREDIT CARD RECEIPT (_____) _____ – _____
(PLEASE PROVIDE FAX NUMBER)

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