CREDIT CARD PAYMENT AUTHORIZATION

Digital form



FAX BACK TO: (239) 293 6227		PHONE# (<u>888</u>) 427 8101			
PLEASE	CHECK: VISA	MASTERCARE	AMERICAN EXPRESS	DISCOVER	
Card #				Exp. Date/	
Verification	code(\	/isa / MC / Discover -	· 3 digit # on back of card in si	gnature box)	
	(A	MEX - 4 digit # on fro	ont of card above account num	nber)	
Card Holde	r or Company				
Requestor's Name			Account #		
Billing Addr	ess				
City			State	Zip	
<u>Amounts</u>	Invoice #	<u>''s</u>	<u>Amounts</u>	<u>Invoice #'</u> s	
			\$		
			\$		
			\$		
			\$		
			\$		
		Total \$			
Signature			Date Signed		
Print Name					
Contact # ()				
If verification	is needed please	provide an e-mail	or fax number below:		
Email Address	Email Address)	

We might request copy of your photo ID and the credit card. FOR RPC USE ONLY:

For CASH customers, when the credit card is NOT PRESENT, please obtain a Code 10 authorization by calling either Visa/MC 877-567-9992 or American Express 800-528-2121 or Discover 800-725-1243.